

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 23, 2022

Jonathan Harland Community Home & Health Services LLC 657 Chestnut Ct Gaylord, MI 49735

RE: License #: AS160382146

Harrison

2154 Harrison St

Cheboygan, MI 49721

Dear Mr. Harland:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

Adam Robarge, Licensing Consultant

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Bureau of Community and Health Systems

701 S. Elmwood, Suite 11 Traverse City, MI 49684

(231) 350-0939

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #: AS160382146

Licensee Name: Community Home & Health Services LLC

Licensee Address: 657 Chestnut Ct

Gaylord, MI 49735

Licensee Telephone #: (989) 732-6374

Licensee Designee: Jonathan Harland, Designee

Administrator: Jonathan Harland

Name of Facility: Harrison

Facility Address: 2154 Harrison St

Cheboygan, MI 49721

Facility Telephone #: (231) 627-7750

Original Issuance Date: 05/27/2016

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	11/18/2	2022
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: N/A			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e Desigr	2 5 nee
•	Medication pass / simulated pass observed?	Yes 🗵	〗No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed? \	∕es ⊠ No □ If no, explain.
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	cplain.	
•	Fire safety equipment and practices observe	d? Yes	No □ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	• /	
•	Incident report follow-up? Yes ⊠ No ☐ If i	no, expl	ain.
•	Corrective action plan compliance verified? N/A Number of excluded employees followed-up?		CAP date/s and rule/s:
•	Variances? Yes ☐ (please explain) No ☒	N/A	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

One staff did not have verification of an annual health status review on file.

R 400.14313 Resident nutrition.

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

There were no records of menus previous to July 31, 2022.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(1) A licensee shall have a written emergency procedure and evacuation plan to be followed in case of fire, medical, or severe weather emergencies. The evacuation plan shall be prominently posted in the home. Residents who require special assistance shall be identified in the written procedure.

There was no severe weather plan posted in the home.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature was measured at 103 degrees Fahrenheit in one resident bathroom.

R 400.14403 Maintenance of premises.

(10) Scatter or throw rugs on hard finished floors shall have a nonskid backing.

Some rugs on hard finished floors did not have nonskid backing.

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

The self-closing door to the room containing the heating plan did not close all the way.

A corrective action plan was requested and approved on 11/23/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

I recommend issuance of a two-year regular adult foster care license.

11/23/2022

Date

Adam Robarge

Licensing Consultant

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