

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 6, 2023

Joyce LaLonde 6646 Brush Street North Branch, MI 48461

RE: License #:	AF440299489
	Hillside Manor
	6646 Brush Street
	North Branch, MI 48461

#### Dear Ms. LaLonde:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems

Dusan Hutchinson

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(989) 293-5222

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

### I. IDENTIFYING INFORMATION

License #:	AF440299489
Licensee Name:	Joyce LaLonde
Licenses Address.	CCAC Davish Charact
Licensee Address:	6646 Brush Street
	North Branch, MI 48461
Licensee Telephone #:	(810) 688-4343
Licensee/Licensee Designee:	Joyce LaLonde
Electroco/Electroco Beerginee.	Joyot Edeondo
Administrator:	N/A
Name of Facility:	Hillside Manor
Facility Address:	6646 Brush Street
	North Branch, MI 48461
Facility Telephone #:	(810) 270-2424
-	
Original Issuance Date:	02/13/2009
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
Program Type:	MENTALLY ILL
	AGED
	7.025

#### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	01/05/2	023			
Date	e of Bureau of Fire Services Inspection if appl	licable:	N/A			
Date	e of Health Authority Inspection if applicable:		N/A			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		1 0			
•	Medication pass / simulated pass observed?	Yes 🛚	No 🗌 If no, explain.			
•	Medication(s) and medication record(s) review	wed? Y	es 🛭 No 🗌 If no, explain.			
•	Yes ☒ No ☐ If no, explain.  • Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  My inspection did not take place during a mealtime					
•	Fire safety equipment and practices observe	d? Yes	⊠ No  If no, explain.			
•	If no, explain.					
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	ain.			
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up		CAP date/s and rule/s: N/A ⊠			
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂				

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial compliance with rules and requirements.

This facility was	found to be in non-compliance with the following rules:
R 400.1425	Food service.
	(1) All food shall be from sources approved or considered satisfactory by the department and shall be clean; wholesome; free from spoilage, adulteration, and misbranding; and safe for human consumption.
vegetables that	y inspection, I noted that there were several cans of soup, fruit, and were expired according to the expiration date on the can. All foods human consumption.

#### IV. RECOMMENDATION

**Licensing Consultant** 

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Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Dusan Butchinson	January 6, 2023
Susan Hutchinson	Date