

November 23, 2022

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

RE: License #: AS690382147  
**Pinehaven Green**  
**116 Mc Louth Rd**  
**Gaylord, MI 49735**

Dear Mr. Harland:

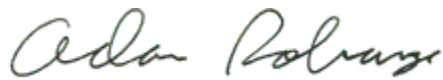
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- 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  
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**

<b>License #:</b>	AS690382147
<b>Licensee Name:</b>	Community Home & Health Services LLC
<b>Licensee Address:</b>	657 Chestnut Ct Gaylord, MI 49735
<b>Licensee Telephone #:</b>	(989) 732-6374
<b>Licensee Designee:</b>	Jonathan Harland, Designee
<b>Administrator:</b>	Jonathan Harland
<b>Name of Facility:</b>	Pinehaven Green
<b>Facility Address:</b>	116 Mc Louth Rd Gaylord, MI 49735
<b>Facility Telephone #:</b>	(989) 732-1211
<b>Original Issuance Date:</b>	05/31/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/23/2022

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 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐ If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: N/A ☐
- Number of excluded employees followed-up? N/A ☒
- 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 400.14208**

##### **Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

There was no verification of reference checks for one staff.

#### **R 400.14301**

##### **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

One resident written assessment plan did not have the signature of the responsible agency.

#### **R 400.14318**

##### **Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

There were only two fire drills practiced and/or documented for each the second and third quarters of 2022.

#### **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 in the kitchen was measured at 99 degrees Fahrenheit at the time of the inspection.

**R 400.14402**

**Food service.**

(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.

There were some inedible potatoes found in the pantry of the home during the time of the inspection.

**R 400.14410**

**Bedroom furnishings.**

(1) The bedroom furnishings in each bedroom shall include all of the following:

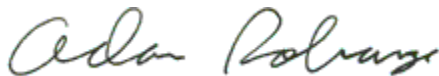
(d) At least 1 chair.

One resident bedroom did not contain at least one chair at the time of the inspection.

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

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Adam Robarge  
Licensing Consultant

Date