



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 20, 2023

Daniel Burnett
Porter Place AFC, LLC
6191 Porter Rd
Grand Blanc, MI 48439

RE: License #:	AS250397054 Porter Place AFC 6191 Porter Rd Grand Blanc, MI 48439
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Dear Mr. Burnett:

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 and special certification 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,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive, flowing style.

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
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 #:	AS250397054
Licensee Name:	Porter Place AFC, LLC
Licensee Address:	6191 Porter Rd Grand Blanc, MI 48439
Licensee Telephone #:	(810) 603-1393
Licensee/Licensee Designee:	Daniel Burnett Tonya Burnett
Administrator:	Daniel Burnett
Name of Facility:	Porter Place AFC
Facility Address:	6191 Porter Rd Grand Blanc, MI 48439
Facility Telephone #:	(810) 603-1393
Original Issuance Date:	11/18/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/19/2023

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 4

No. of others interviewed 0 Role: N/A

- 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 400.14201	Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.
	(9) A licensee and the administrator shall possess all of the following qualifications: (b) Be capable of appropriately handling emergency situations.
At the time of my inspection, the licensee was unable to provide documentation of Tonya Burnett's (co-licensee) current CPR and First Aid certificates. All licensees and administrators must have current CPR and First Aid certifications.	
R 400.14203	Licensee and administrator training requirements.
	(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement. (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.
The licensees, Daniel and Tonya Burnett were unable to provide documentation that they successfully completed 16 hours of training in 2021 and 2022. All licensees and administrators must complete at least 16 hours of annual training related to the population they serve.	
R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing

	<p>assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
<p>At the time of my inspection, I noted that one of the staff, Stephanie Baistain, did not have current CPR and First Aid certification. All direct care staff must have current CPR and First Aid certification.</p>	
<p>R 400.14205</p>	<p>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</p>
	<p>(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.</p>
<p>At the time of my inspection, the licensees, Daniel and Tonya Burnett, were unable to produce documentation that they have been tested and are free from communicable tuberculosis. All licensees, administrators, staff, volunteers, and members of the household must have documentation that they have been tested for and are free of communicable tuberculosis. This verification shall be done every 3 years.</p>	
<p>R 400.14205</p>	<p>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</p>
	<p>(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.</p>

At the time of my inspection, the licensee was unable to produce documentation of verification of the licensees' and staff annual health reviews.	
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.
At the time of my inspection, I noted that one of the Resident Assessment Plans I reviewed did not have the signature of the resident, guardian, responsible agency, and/or licensee. All listed parties must sign and date the resident's assessment plan upon their admittance to the facility and at least annually thereafter.	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.
At the time of my inspection, I noted that one of the Resident Care Agreements I reviewed did not have the signature of the resident, guardian, responsible agency, and/or licensee. All listed parties must sign and date the resident's resident care agreement upon their admittance to the facility and at least annually thereafter.	
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
At the time of my inspection, I noted that one of the resident files I reviewed was missing the weight records from May, June, July and August of 2021. All residents shall be weighed upon admission and monthly thereafter and their weights shall be recorded.	
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.
At the time of my inspection, I noted that the licensee did not conduct fire drills in May, June, or July 2021. Fire drills must be conducted at least one per shift, per quarter on an annual basis.	
R 400.14403	Maintenance of premises.
	(10) Scatter or throw rugs on hard finished floors shall have a nonskid backing.
At the time of my inspection, I noted that some of the throw rugs on the hard finished floors were not equipped with nonskid backing. All scatter or throw rugs shall have nonskid backing.	
R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
At the time of my inspection, I noted that there was a large hole in the drywall in one of the resident's bedroom walls. Please repair the whole and keep the walls in good repair.	

IV. RECOMMENDATION

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

Susan Hutchinson

January 20, 2023

Susan Hutchinson Licensing Consultant	Date
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