

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 25, 2023

Dilip Samadder & Alfred Samadder 26232 M-60 Cassopolis, MI 49031

> RE: License #: AS110404032 Emanuel 703 Hickory Street Niles, MI 49120

Dear Dilip Samadder & Alfred Samadder:

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 submitted documentation of compliance and agreed to comply with all administrative rules regarding employee files.

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) 284-9730.

Sincerely,

Nele Khaberry, LMSW

Nile Khabeiry, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AS110404032
Licensee Name:	Dilip Samadder & Alfred Samadder
Licensee Address:	26232 M-60 Cassopolis, MI 49031
Licensee Telephone #:	(269) 445-5353
Licensee/Licensee Designee:	Alfred Samadder
Administrator:	Dilip Samadder
Name of Facility:	Emanuel
Facility Address:	703 Hickory Street Niles, MI 49120
Facility Telephone #:	(917) 256-9745
Original Issuance Date:	07/31/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/30/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed2No. of residents interviewed and/or observed6No. of others interviewedRole:

- Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.
- Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain.
- Meal preparation / service observed? Yes \boxtimes No \square If no, explain.
- Fire drills reviewed? Yes 🛛 No 🗌 If no, explain.
- Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
 125
- 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 X
- 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.

FINDINGS: Home did not have employee file on site and subsequently was found not to have required documentation for employee B.J. Employee is no longer working at home.

R 400.14401 Environmental health.

(2) 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.

FINDINGS: Hot water temperature was greater than 120 degrees.

R 400.14410 Bedroom furnishings.

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

(d) At least 1 chair.

FINDINGS: Bedrooms 2,3,4,5 did not have a chair.

A corrective action plan was requested and approved on 11/30/2023. 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.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

De Khaberry, LMSW

1/25/23

Nile Khabeiry Licensing Consultant Date