



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 31, 2023

Peggy Selmon  
2325 Peck St.  
Muskegon Heights, MI 49444

RE: License #:	AF610311174 Morning Glory AFC 2325 Peck St. Muskegon Heights, MI 49444
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Dear Ms. Selmon:

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 and consultant onsite review. 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth Elliott". The signature is written in a cursive style with a large, looping initial "E".

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF610311174
<b>Licensee Name:</b>	Peggy Selmon
<b>Licensee Address:</b>	2325 Peck St. Muskegon Heights, MI 49444
<b>Licensee Telephone #:</b>	(231) 739-0993
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Morning Glory AFC
<b>Facility Address:</b>	2325 Peck St. Muskegon Heights, MI 49444
<b>Facility Telephone #:</b>	(231) 733-7893
<b>Original Issuance Date:</b>	03/01/2011
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/20/2023

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 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee, P. Selmon

- Medication pass / simulated pass observed? Yes  No  If no, explain. simulated medication pass
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain. I reviewed resident medications but there were no resident MAR available in the facility at the time of the inspection.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. At the time of the inspection, there were no Resident Funds documents for department review.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain. A the time of the inspection, there were no fire drill documents available for department review.
- 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:	
<b>R 400.1422</b>	<b>Resident records.</b>
	<p>(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <ul style="list-style-type: none"> <li>(a) Identifying information, including, at a minimum, all of the following: <ul style="list-style-type: none"> <li>(i) Name.</li> <li>(ii) Social security number.</li> <li>(iii) Home address.</li> <li>(iv) Name, address, and telephone number of the next of kin or designated representative.</li> <li>(v) Name, address, and telephone number of person or agency responsible for the resident's placement in the home.</li> <li>(vi) Name, address, and telephone number of the preferred physician and hospital.</li> </ul> </li> <li>(b) Date of admission.</li> <li>(c) Date of discharge and place to which resident was discharged.</li> <li>(d) Health care information, including all of the following: <ul style="list-style-type: none"> <li>(i) Health care appraisals.</li> <li>(ii) Medication logs.</li> <li>(iii) Statements and instructions for supervising prescribed medication.</li> <li>(iv) Instructions for emergency care.</li> </ul> </li> <li>(e) Resident care agreement.</li> <li>(f) Assessment plan.</li> <li>(g) Weight record.</li> <li>(h) Incident and accident reports.</li> <li>(i) Resident funds and valuables record.</li> <li>(j) Resident grievances and complaint record.</li> </ul>

<p><b>Findings:</b> The licensee does not have any records on any of the residents in care.</p> <p><b>Licensee Response:</b> The licensee, Peggy Selmon stated she erroneously threw them all out while cleaning out records and paperwork. Ms. Selmon stated she is putting new files together for all residents in care.</p>	
<b>R 400.1426</b>	<b>Maintenance of premises.</b>
	(1) The premises shall be maintained in a clean and safe condition.
<p><b>Findings:</b> An outlet cover under the window is missing from an outlet in Resident bedroom #4. The top dresser drawer in Resident bedroom #2 is broken.</p> <p><b>Licensee Response:</b> Ms. Selmon stated both items will be fixed as soon as possible.</p>	
<b>R 400.1438</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.
<p><b>Findings:</b> The licensee does not have any records of fire drills conducted for the last renewal period.</p> <p><b>Licensee Response:</b> Ms. Selmon stated she erroneously threw out all documented fire drills while cleaning out records and paperwork. Ms. Selmon stated she will conduct 4 fire drills for the 2023 year.</p>	
<b>R 400.1440</b>	<b>Heat producing equipment.</b>
	(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.

**Findings:** The automatic self-closing device is not working properly so the door to the basement does not close and latch automatically when the door is opened.

**Licensee Response:** Ms. Selmon stated she will get the door repaired.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, and verification by the consultant of CAP compliance, renewal of the license is recommended.



01/31/2023

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Elizabeth Elliott  
Licensing Consultant

Date