

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 24, 2019

Denice Wilson Wilson Residential Care Services, Inc. 6450 Barnes Rd. Millington, MI 48746

RE: License #: AS250268248

Buell Lake Center 13481 Center Rd Clio, MI 48420

Dear Ms. Wilson:

Attached is the Renewal Licensing Study Report for the facility referenced above. Your license and special certification is renewed. It is valid only at your present address and is nontransferable. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

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 (810) 787-7031.

Sincerely,

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems

4809 Clio Road Flint, MI 48504 (810) 835-1019

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

I. IDENTIFYING INFORMATION

License #: AS250268248

Licensee Name: Wilson Residential Care Services, Inc.

Licensee Address: 6450 Barnes Rd.

Millington, MI 48746

Licensee Telephone #: (989) 871-5090

Licensee/Licensee Designee: Denice Wilson

Administrator: Denice Wilson

Name of Facility: Buell Lake Center

Facility Address: 13481 Center Rd

Clio, MI 48420

Facility Telephone #: (810) 564-9569

Original Issuance Date: 11/04/2004

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	Date of On-site Inspection(s):		05/24/2019	
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Health Authority Inspection if applicable: 05/02/2019				
Insp	ection Type:	☐ Interview and Obs	servation	⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed 5 No. of others interviewed 1 Role: Licensee Designee				
•	Medication pass / sime	ulated pass observed?	Yes 🛚	No If no, explain.
•	Medication(s) and med	dication record(s) revie	wed? Y	es 🛛 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 observe	d? 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-u No IR's to review. Corrective action plan N/A Number of excluded e	•	Yes 🗌 (
	Variances? Yes ☐ (p	_		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

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 least 1 resident did not have his weight taken in December 2018. At least 2 residents did not have their weight taken for the Month of April 2019.

A corrective action plan was requested and approved on 05/24/2019. 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 regular license and special certification to this AFC adult small group home (capacity 1-6).

abruia McGonan May 24, 2019

Sabrina McGowan

Licensing Consultant

Date