



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 10, 2023

Linda Van-Gansbeke
River Inn AFC Inc
241 Grand Ledge Hwy
Sunfield, MI 48890

RE: License #: AL230006951
River Inn AFC, Inc.
241 Grand Ledge Highway
Sunfield, MI 48890-9781

Dear Ms. Van-Gansbeke:

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 documentation of compliance.

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,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL230006951

Licensee Name: River Inn AFC Inc

Licensee Address: 241 Grand Ledge Hwy
Sunfield, MI 48890

Licensee Telephone #: (517) 566-8832

Licensee/Licensee Designee: Linda Van-Gansbeke, Designee

Administrator: Rhonda Thompson

Name of Facility: River Inn AFC, Inc.

Facility Address: 241 Grand Ledge Highway
Sunfield, MI 48890-9781

Facility Telephone #: (517) 566-8832

Original Issuance Date: 06/01/1992

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/09/2023

Date of Bureau of Fire Services Inspection if applicable: 6/27/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 7

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. The direct care staff do not manage funds for any of the current residents.
- 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:

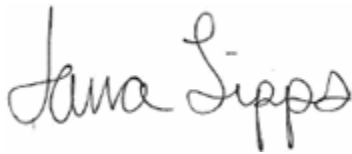
R 400.15401 Environmental health.

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

Bleach and additional cleaning chemicals were found under the kitchen sink in an accessible cupboard to residents.

IV. RECOMMENDATION

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



Jana Lipps
Licensing Consultant

02/10/2023

_____ Date