



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 18, 2023

Amy Owens  
Colonial House West  
1302 West Hughes St  
Marshall, MI 49068

RE: License #: AS130406524  
**Colonial House West**  
**1302 West Hughes St**  
**Marshall, MI 49068**

Dear Ms. Owens:

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:

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

*Kevin L Sellers*

Kevin Sellers, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-370



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

**I. IDENTIFYING INFORMATION**

|                                |   |
|--------------------------------|---|
| <b>License#:</b>               | AS130406524                               |
| <b>Licensee Name:</b>          | Colonial House West                       |
| <b>Licensee Address:</b>       | 1302 West Hughes St<br>Marshall, MI 49068 |
| <b>Licensee Telephone #:</b>   | (269) 789-1000                            |
| <b>Licensee Designee:</b>      | Amy Owens                                 |
| <b>Administrator:</b>          | Amy Owens                                 |
| <b>Name of Facility:</b>       | Colonial House West                       |
| <b>Facility Address:</b>       | 1302 West Hughes St<br>Marshall, MI 49068 |
| <b>Facility Telephone #:</b>   | (269) 789-1000                            |
| <b>Original Issuance Date:</b> | 06/17/2022                                |
| <b>Capacity:</b>               | 6   |
| <b>Program Type:</b>           | AGED                                      |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/17/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 12/09/2020

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed [redacted] Role: [redacted]

- 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:  
CAP 01/17/2023, 205 (6) and 511 (4). 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 400.14205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(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.**

At the time of the inspection, health care review paperwork for three separate direct care staff and the licensee was not updated which must be completed annually.

**R 400.14511            Flame-producing equipment; enclosures.**

**(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.**

At the time of the inspection, combustible materials were observed lying next to the furnace.

A corrective action plan was requested and approved on 01/17/2023. 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.

*Kevin L. Sellers*

01/18/2023

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Kevin Sellers  
Licensing Consultant

Date

Approved:

*Dawn Timm*

01/25/2023

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Dawn Timm  
Area Manager

Date