

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

ORLENE HAWKS DIRECTOR

March 20, 2023

Kari Herman 805 W. Midland Rd Auburn, MI 48611

RE: License #:	AF090411663
	Welcome Home Senior Living
	805 W. Midland Rd.
	Auburn, MI 48611

Dear Ms. Herman:

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. 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. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 643-7960.

Sincerely,

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Shamidah Wyden, Licensing Consultant Bureau of Community and Health Systems 411 Genesee P.O. Box 5070 Saginaw, MI 48607 989-395-6853

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

I. IDENTIFYING INFORMATION

License#:	AF090411663		
Licensee Name:	Kari Herman		
Licensee Address:	805 W. Midland Rd		
	Auburn, MI 48611		
Licensee Telephone #:	(989) 941-1184		
Licensee:	Kari Herman		
	N1/A		
Administrator:	N/A		
Name of Facility:	Welcome Home Senior Living		
Facility Address:	805 W. Midland Rd.		
	Auburn, MI 48611		
Facility Telephone #:	(989) 941-1184		
Original Issuance Date:	09/29/2022		
Capacity:	6		
Program Type:	AGED		

II. METHODS OF INSPECTION

Date of On-site Ir	ate of On-site Inspection(s):		03/16/2023	
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Health Authority Inspection if applicable: N/A				
	iewed and/or observe nterviewed and/or obs rviewed 1 Role		1 5	
Medication p	ass / simulated pass	observed? Ye	es 🖂 No 🗌	lf 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 X No I If no, explain. Meal preparation / service observed? Yes X No I 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. There were no recent incident reports requiring follow-up. 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 explai	n) No 🗌 N/A	A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was fo	ound to be in non-compliance with the following rules:
R 400.1418	Resident medications.
	 (4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions: (a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.
At the time of insp	ection, there was a missing staff initial for a medication pass on
January 31 st , 2023	3, for Resident A.
R 400.2245	Fire extinguishers.
	A minimum of one 5-pound multi-purpose fire extinguisher or equivalent shall be provided for use in a family home on each occupied floor and in the basement.
At the time of insp equivalent.	ection, the facility's fire extinguishers were not 5-pound or

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, issuance of a regular two-year license is recommended for this AFC Family Home (capacity 1-6).

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03/20/2023

Shamidah Wyden Licensing Consultant Date