

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 28, 2023

Debra Field Field LLC 1415 E. Smith Bay City, MI 48706

RE: License #:	AS090388270
	Field Home II
	1415 E. Smith St.
	Bay City, MI 48706

Dear Ms. Field:

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,

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 #:	AS090388270
	5: 11110
Licensee Name:	Field LLC
Licensee Address:	1415 E. Smith
2.551.6557.444.555.	Bay City, MI 48706
Licensee Telephone #:	(989) 450-1391
Licenses Besigness	Dahwa Field
Licensee Designee:	Debra Field
Administrator:	Debra Field
Name of Facility:	Field Home II
	4445 F. OMITH OT
Facility Address:	1415 E. SMITH ST. BAY CITY, MI 48706
	B/(1 0111, WII 40700
Facility Telephone #:	(989) 892-6714
Original Issuance Date:	10/13/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL AGED
	TRAUMATICALLY BRAIN INJURED
	ALZHEIMERS

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	03/24/2	023
Date	e of Bureau of Fire Services Inspection if appl	licable:	N/A
Date	e of Health Authority Inspection if applicable:	I	N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e designe	1 5 ee
•	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.
•	Medication(s) and medication record(s) review	wed? Y	es 🛭 No 🗌 If no, explain.
•	Resident funds and associated documents refer a No I fno, explain. Meal preparation / service observed? Yes The inspection was not completed during meaning fire drills reviewed? Yes No I fno, explains the notation of the]No ⊠ ealtime.	
•	Fire safety equipment and practices observe	d? Yes	⊠ No If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
•	Incident report follow-up? Yes No If There were no recent incident reports require Corrective action plan compliance verified? 3/29/21- R301(10), 3/25/2021- R312(3), R31 Number of excluded employees followed-up?	ng follow Yes ⊠ 5(8), R3	<i>ı-</i> up CAP date/s and rule/s:
•	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 400.14203	Licensee and administrator training requirements.
	(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours
	of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.
At the time of instraining hours or	spection, licensee designee Deb Field did not have any 2021 annual
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 ins review on file.	spection, staff Kennedy Swaffer did not have an annual health
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall

	be used unless prior authorization for a substitute form has been granted, in writing, by the department.
At the time of ins	spection, Resident A's last health care appraisal was dated
12/23/2021. The	re was no health care appraisal on file for 2022.
REPEAT VIOLA 3/29/2021	TION ESTABLISHED, LSR DATE: 3/26/2021 CAP DATE:
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
At the time of instille for the year 2	spection, the facility did not have a fourth quarter daytime fire drill on

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Shamidah Wyden Date Licensing Consultant