



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 26, 2023

Stacey Stoddard
2376 S Long Lake Rd
Fenton, MI 48430

RE: License #: AF250306261
A Touch of Home
2376 S Long Lake Rd.
Fenton, MI 48430

Dear Mrs. Stoddard:

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) 643-7960.

Sincerely,

A handwritten signature in black ink, appearing to be "G. Peters", written over a light blue horizontal line.

Garrett Peters, on behalf of, Martin Gonzales, 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 #:	AF250306261
Licensee Name:	Stacey Stoddard
Licensee Address:	2376 S Long Lake Rd Fenton, MI 48430
Licensee Telephone #:	(810) 750-8273
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	A Touch of Home
Facility Address:	2376 S Long Lake Rd. Fenton, MI 48430
Facility Telephone #:	(810) 750-8273
Original Issuance Date:	09/24/2010
Capacity:	6
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/12/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 06/14/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

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.
Inspection did not occur during meal service.
- 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 400.1404 Licensee, responsible person, and member of the household; qualifications.

(3) A licensee or responsible person shall possess all of the following qualifications:
(c) Be capable of appropriately handling emergency situations.

Updated CPR/First Aid Certification required for Michael Stoddard.

R 400.1405 Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

Updated TB testing required for Michael Stoddard.

IV. RECOMMENDATION

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



8/26/23

Garrett Peters, on behalf of, Martin
Gonzales
Licensing Consultant

Date