

GRETCHEN WHITMER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 20, 2023

Etelka Thomas A Touch of Grace 1596, INC 1596 Ru-Lane Drive Lapeer, MI 48446

RE: License #: AS440391695

A Touch of Grace 1596, INC 1596 Ru-Lane Drive

Lapeer, MI 48446

Dear Ms. Thomas:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification will be renewed upon receipt of an acceptable environmental health inspection report. They are valid only at your present address and are 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,

Kent W Gieselman, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(810) 931-1092

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

#### I. IDENTIFYING INFORMATION

**License #:** AS440391695

**Licensee Name:** A Touch of Grace 1596, INC

**Licensee Address:** 1596 Ru-Lane Drive

Lapeer, MI 48446

**Licensee Telephone #:** (810) 969-4377

Licensee Designee: Etelka Thomas

**Administrator**: Etelka Thomas

Name of Facility: A Touch of Grace 1596, INC

**Facility Address:** 1596 Ru-Lane Drive

Lapeer, MI 48446

**Facility Telephone #:** (810) 908-1743

Original Issuance Date: 10/25/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

#### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	04/20/2	023
Date	e of Bureau of Fire Services Inspection if appl	licable:	N/A
Date	e of Health Authority Inspection if applicable:		Requested 12/1/22
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: RRO		2 4
•	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 reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, ex	xplain.	
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \) No \( \subseteq \) N/A \( \subseteq \) If no, explain.  Water temperatures checked? Yes \( \subseteq \) No \( \subseteq \) If no, explain.		
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	ain.
•	Corrective action plan compliance verified?  N/A ⊠  Number of excluded employees followed-up′		CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ☐ (please explain) No ☒	N/A 🗌	

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

#### IV. RECOMMENDATION

Upon receipt of an acceptable environmental health inspection report I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).

Kent W Gieselman Date Licensing Consultant