



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

June 5, 2023

Ronald Dolzani
8035 Hidden Shores Dr.
Fenton, MI 48430

RE: License #:	AM250399240
Investigation #:	2023A0123036
	Warwick AFC LLC

Dear Mr. Dolzani:

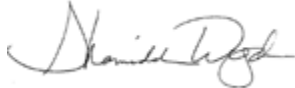
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please 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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM250399240
Investigation #:	2023A0123036
Complaint Receipt Date:	04/14/2023
Investigation Initiation Date:	04/14/2023
Report Due Date:	06/13/2023
Licensee Name:	Ronald Dolzani
Licensee Address:	8035 Hidden Shores Dr. Fenton, MI 48430
Licensee Telephone #:	(505) 463-7349
Administrator:	Ronald Dolzani
Licensee Designee:	N/A
Name of Facility:	Warwick AFC LLC
Facility Address:	5296 Warwick Trail Grand Blanc, MI 48439
Facility Telephone #:	(810) 344-7444
Original Issuance Date:	01/10/2020
License Status:	REGULAR
Effective Date:	07/10/2022
Expiration Date:	07/09/2024
Capacity:	11
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
The facility received a Fire Safety inspection D-rating on 04/04/2023.	Yes

III. METHODOLOGY

04/14/2023	Special Investigation Intake 2023A0123036
04/14/2023	Special Investigation Initiated - Telephone I spoke with Dan Stasa of Bureau of Fire Safety.
04/24/2023	Inspection Completed On-site I conducted an unannounced on-site at the facility.
05/11/2023	Inspection Completed On-site I conducted an unannounced on-site follow-up visit at the facility with Dan Stasa and Thomas Ford of Bureau of Fire Services.
06/01/2023	Contact- Telephone call made I left a voicemail requesting a return call from licensee Ronald Dolzani.
06/02/2023	Contact- Telephone call made I made a second attempt to contact Mr. Dolzani regarding an exit conference.
06/05/2023	Exit Conference I send Mr. Dolzani an email.

ALLEGATION: The facility received a Fire Safety inspection D-rating on 04/04/2023.

INVESTIGATION: On 02/27/2023, a Bureau of Fire Services inspection was conducted at the facility by inspecting official Dan Stasa. The facility was cited for the following issues:

1. The Annual Inspection, Testing and Maintenance of the Fire Alarm System was late.
2. There was no documentation present showing when the last Smoke Detector Sensitivity Testing occurred.

3. There was no verification of staff review of plans regarding the event of a fire and for evacuating persons from the building to a designated point of safety.

4. Appropriate ashtrays with self-closing cover devices were not available.

5. At the time of inspection the connection of the dryer to the vent pipe was made using flexible pipe, instead of a rigid pipe.

On 04/14/2023, I spoke with Bureau of Fire Safety inspecting official Dan Stasa via phone. He stated that he conducted his annual inspection at the facility, sent the report, and received a plan of correction. He stated that he did a follow-up on-site to verify the plan of correction, and nothing was corrected. He stated that he is going out on 05/11/2023 to do a re-check. He stated that the dryer vent was not an approvable pipe and was not sealed. The facility did not have an annual system test or smoke detector test documentation, and there was no documentation that staff had been training every two months. There were no self-closing devices on the ash trays.

On 04/24/2023, I conducted an unannounced on-site visit at the facility. I interviewed staff Desire Williams. She stated that the old dryer was replaced with the one they currently have, and she is not sure who hooked up the new dryer. She stated that the emergency plans used to be posted, but they were never re-posted. During this on-site, I observed that no evacuation plans were prominently posted in the facility. There were no-smoking signs posted inside the facility.

On 04/26/2023, I spoke with licensee Ron Dolzani via phone. He stated that the dryer was taken care of yesterday, and some things were corrected today as well. I spoke with home manager Glenda Jackson via phone. She stated that someone is coming out on 04/26/2023 to replace the dryer vent, there is a new ashtray out front, and an inspection on the fire alarms and smoke detection system is scheduled.

On 05/11/2023, I conducted an unannounced on-site inspection with BFS inspecting officials Dan Stasa and Thomas Ford. Each item noted on the 02/27/2023 was reviewed and checked off by Mr. Stasa. He reported that he would be writing a report to issue an A-rating.

On 05/19/2023, I was notified via email that the Bureau of Fire Services report for this facility was completed on 05/15/2023. The report dated 05/11/2023, states that the facility satisfactorily corrected deficiencies noted in the last inspection report.

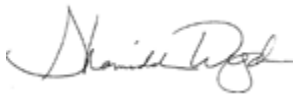
APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety,

	and well-being of occupants.
ANALYSIS:	<p>On 02/27/2023, the Bureau of Fire Safety conducted an on-site inspection. The facility was found to have deficiency's and obtained a D-rating.</p> <p>An on-site inspection was completed on 05/11/2023 with BFS inspecting officials. The deficiencies were noted at that time to be corrected.</p> <p>A report dated for 05/15/2023 was received with an A-rating approval.</p> <p>There is a preponderance of evidence to substantiate a rule violation due to the deficiencies noted in the Bureau of Fire Safety D-rating report.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 06/01/2023, and 06/02/2023, I made attempts to contact licensee Ronald Dolzani via phone regarding an exit conference. On 06/05/2023, I sent him an email regarding the findings and conclusion.

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC medium group home license (capacity 1-11).



06/05/2023

Shamidah Wyden
Licensing Consultant

Date

Approved By:



06/05/2023

Mary E. Holton
Area Manager

Date