

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

ORLENE HAWKS DIRECTOR

May 5, 2023

Krysta Starr Brightway House LLC 5931 Dana Lynn Goodrich, MI 48438

| RE: License #: | AM250401616         |
|----------------|---------------------|
|                | Brightway House LLC |
|                | 1202 Church Street  |
|                | Flint, MI 48503     |

Dear Mrs. Starr:

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 and special certification 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,

and and

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#:               | AM250401616                              |
|-------------------------|--|
|                         |  |
| Licensee Name:          | Brightway House LLC                      |
|                         |  |
| Licensee Address:       | 1202 Church Street                       |
|                         | Flint, MI 48502                          |
| Licensee Telephone #:   | (810) 577-2893                           |
|                         |  |
| Licensee Designee:      | Krysta Starr                             |
| Administrator:          | Krysta Star                              |
| Administrator:          | Krysta Star                              |
| Name of Facility:       | Brightway House LLC                      |
|                         |  |
| Facility Address:       | 1202 Church Street                       |
|                         | Flint, MI 48503                          |
| Facility Telephone #:   | (810) 820-8077                           |
|                         | 4.444.0000                               |
| Original Issuance Date: | 11/18/2020                               |
| Capacity:               | 11                                       |
| • •                     |  |
| Program Type:           | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

# **II. METHODS OF INSPECTION**

| Date | e of On-site Inspection(s):  | 04/26/2        | 023                       |
|------|--|----------------|---------------------------|
| Date | e of Bureau of Fire Services Inspection if app   | licable:       | 10/14/2022                |
| Date | e of Health Authority Inspection if applicable:  | N/A            |                           |
| No.  | of staff interviewed and/or observed<br>of residents interviewed and/or observed<br>of others interviewed 1 Role: License                          | e Design       | 4<br>11<br>ee             |
| •    | Medication pass / simulated pass observed?   | Yes 🖂          | No 🗌 If no, explain.      |
| •    | Medication(s) and medication record(s) revie   | wed? Y         | es 🖂 No 🗌 If no, explain. |
| •    | Resident funds and associated documents re<br>Yes 🖾 No 🗌 If no, explain.<br>Meal preparation / service observed? Yes 🛛                             |                |                           |
| •    | Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, e  | xplain.        |                           |
| •    | Fire safety equipment and practices observe  | d? Yes         | 🖂 No 🗌 If no, explain.    |
| •    | E-scores reviewed? (Special Certification Or<br>If no, explain.<br>Water temperatures checked? Yes 🛛 No [  | • ,            |                           |
| •    | Incident report follow-up? Yes ☐ No ⊠ If<br>There were no incident reports requiring follo<br>Corrective action plan compliance verified?<br>N/A ⊠ | w-up.<br>Yes 🗌 | CAP date/s and rule/s:    |
| •    | Number of excluded employees followed-up?<br>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 330.1803  | Facility environment; fire safety.   |  |
|   | (6) Evacuation assessments shall be conducted within 30<br>days after the admission of each new client and at least<br>annually thereafter. The specialized program shall forward<br>a copy of each completed assessment to the responsible<br>agency and retain a copy in the home for inspection. A<br>home that is assessed as having an evacuation difficulty<br>index of "impractical" using appendix f of the life safety<br>code of the national fire protection association shall have a<br>period of 6 month from the date of the finding to either of<br>the following:  |  |
|   | (a) Improve the score to at least the "slow" category.   |  |
|   | (b) Bring the home into compliance with the physical plant<br>standards for "Impractical" homes contained in chapter 21<br>of the 1985 life safety code of the national fire protection<br>association, which are adopted by reference in these rules<br>and which may be obtained from the Department of Mental<br>Health, Lewis Cass Building, Lansing, MI 48913, at cost, or<br>from the National Fire Protection Association Library,<br>Battermarch Park, P.O. Box 9101, Quincy, Massachusetts<br>02269-9101, 1-800-344-3555. A prepaid fee may be required<br>by the national fire protection association for a copy of the<br>chapter 21 standards. A price quote for copying of these<br>pages may be obtained from the national fire protection<br>association. |  |
|   | spection, there were no annual E-Scores on file for the year 2022.   |  |
| R 400.14103   | Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.   |  |
|   | (4) The current license, whether regular, provisional, or temporary, shall be posted in the home and shall be available for public inspection.   |  |

| At the time of inspection, the current license was not visibly posted in the home. |   |  |
|--|---|--|
| R 400.14402  | Food service.   |  |
|  | <ul> <li>(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.</li> </ul> |  |
|  | spection, there were two freezer thermometers not giving accurate   |  |
| temperature rea  | dings, and one freezer that was not equipped with a thermometer.  |  |

### **IV. RECOMMENDATION**

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

05/05/2023

Shamidah Wyden Licensing Consultant Date