

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

ORLENE HAWKS DIRECTOR

July 24, 2023

Laura Esese Dignified Care LLC 3640 Brambleberry DR Nw Comstock Park, MI 49321

> RE: License #: AS410406418 Chalet Home 4711 Chalet Ln SW Wyoming, MI 49519

Dear Ms. Esese:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification are renewed. It is valid only at your present address and is 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 (616) 356-0183.

Sincerely,

laya gre Toya Zylstra, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 (616) 333-9702

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

I. IDENTIFYING INFORMATION

License #:	AS410406418
Licensee Name:	Dignified Care LLC
Licensee Address:	3640 Brambleberry DR Nw Comstock Park, MI 49321
Licensee Telephone #:	(616) 856-9191
Licensee/Licensee Designee:	Laura Esese, Designee
Administrator:	Laura Esese
Name of Facility:	Chalet Home
Facility Address:	4711 Chalet Ln SW Wyoming, MI 49519
Facility Telephone #:	(616) 856-9191
Original Issuance Date:	02/22/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	07/18/2023
Date of Bureau of Fire Services Inspection if applicable: 07/18/2023	
Date of Health Authority Inspection if applicable:	07/18/2023
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed N/A Role:	4 4
 Medication pass / simulated pass observed? Yes No X If no, explain. Medication passed prior to inspection. Medication(s) and medication record(s) reviewed? Yes X No I 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. 	
● Fire drills reviewed? Yes ⊠ No □ If no, explain.	
• Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.	
 E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain. Water temperatures checked? Yes No I If no, explain. 	
 Incident report follow-up? Yes No X If no, explain. 	
 Corrective action plan compliance verified? N/A X 	Yes 🗌 CAP date/s and rule/s:
Number of excluded employees followed-up	? N/A 🖂
● Variances? Yes [] (please explain) No [] N/A []	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

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.

Finding: A review of evacuation records indicated that between 06/05/2022 and 08/05/2022, no fire drill was completed during evening hours.

Exit Conference: Licensee Designee Laura Esese agreed with the finding and submitted a Corrective Action Plan onsite 07/18/2023.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Finding: Facility water temperature was recorded to be above the licensing limit (130 degree F).

Exit Conference: Licensee Designee Laura Esese agreed with the finding and submitted a Corrective Action Plan onsite 07/18/2023.

A corrective action plan was requested and approved on 07/18/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

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

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07/24/2023

Toya Zylstra Licensing Consultant

Date