

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

August 4, 2023

Randy and Bonnie Reeves 20544 McAllister Rd Battle Creek, MI 49016

RE: License #: AM130281778

Reeves Adult Foster Care 20544 McAllister Rd. Battle Creek, MI 49016

Dear Randy and Bonnie Reeves:

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 verification of completion of the required corrections below.

Upon receiving documentation of completed corrections, I recommend issuance of a regular license to this Adult Foster Care medium group home license, capacity of twelve. 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) 284-9730.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (517) 230-3704

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

#### I. IDENTIFYING INFORMATION

**License#:** AM130281778

**Licensee Name:** Randy and Bonnie Reeves

**Licensee Address:** 20544 McAllister Rd

Battle Creek, MI 49016

**Licensee Telephone #:** (269) 962-3628

Licensee/Licensee Designee: Randy Reeves

Administrator: Bonnie Reeves

Name of Facility: Reeves Adult Foster Care

**Facility Address:** 20544 McAllister Rd.

Battle Creek, MI 49016

**Facility Telephone #:** (269) 962-3628

Original Issuance Date: 08/23/2006

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

## **II. METHODS OF INSPECTION**

Date	of On-site Inspection(s):	08/03/20	023	
Date	of Bureau of Fire Services Inspection if appl	icable:	10/31/2022	
Date of Health Authority Inspection if applicable: 04/12/2023				
No. o	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	•	2 11	
• 1	Medication pass / simulated pass observed?	Yes 🛚	No ☐ If no, explain.	
• 1	Medication(s) and medication record(s) revie	wed? Yo	es 🛭 No 🗌 If no, explain.	
• N	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.  No meals were served during the on-site inspection.  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.			
• F	Fire safety equipment and practices observed	d? Yes[	⊠ No □ If no, explain.	
ľ	E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain.  Water temperatures checked? Yes ☐ No ☐ If no, explain.			
• I	ncident report follow-up? Yes $oxtimes$ No $oxtimes$ If r	no, expla	in.	
(	Corrective action plan compliance verified? \CAP on 08/03/2023 301(10) N/A \Boxed Number of excluded employees followed-up?		CAP date/s and rule/s: N/A ⊠	
• \	√ariances? 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 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of the onsite inspection, Resident A's health care appraisal was last completed in July of 2022 and needs updated. In accordance with AFC licensing rules, resident health care appraisals must be updated annually.

A corrective action plan was requested and approved on 08/04/2023. 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.

#### IV. RECOMMENDATION

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

Kevin L. Sellers	08/04/2023		
Kevin Sellers	Date		
Licensing Consultant			