



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 18, 2023

Eli Dukes
11123 205th Avenue
Big Rapids, MI 49307

RE: License #: AS540318155
Heights Manor
10255 Northland Drive
Big Rapids, MI 49307

Dear Mr. Dukes:

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 implementing and compliance with this corrective action plan:

- You are to submit documentation of compliance by 10/1/2023

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,

A handwritten signature in black ink that reads "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AS540318155
Licensee Name:	Eli Dukes
Licensee Address:	19358 Golfview Dr Big Rapids, MI 49307
Licensee Telephone #:	(231) 629-1885
Licensee Designee:	Eli Dukes
Administrator:	Eli Dukes
Name of Facility:	Heights Manor
Facility Address:	10255 Northland Drive Big Rapids, MI 49307
Facility Telephone #:	(231) 629-1885
Original Issuance Date:	09/06/2012
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/5/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No 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 No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- 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 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

Finding: At the time of the inspection, licensee designee Eli Dukes did not have verification that he successfully completed 16 hours of training for the year of 2022.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Finding: At the time of the inspection, employee records for Tammy Eldrige and David Gonzalez did not contain a medical clearance signed by a licensed physician attesting to the knowledge of the physical health of these direct care staff members prior to starting their employment in the facility.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

Finding: At the time of the inspection, three direct care worker employee records were reviewed and the records for Tiffany Gonzalez, David Gonzalez and Tammy Eldrige did not contain verification of two reference checks.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

Finding: At the time of the inspection three resident records were reviewed and the records for Resident A did not contain a *Resident Funds Part II* form which tracks room and board expenses.

R 400.14401 Environmental health.

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

Finding: At the time of the inspection six resident bedrooms were inspected and five out of the six bedrooms were not supplied with a standard screen of not less than 16 mesh.

R 400.14410 Bedroom furnishings.

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

Finding: At the time of the inspection six resident bedrooms were inspected and five out of the six bedrooms were not equipped with a mirror that is appropriate for grooming.

IV. RECOMMENDATION

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



9/18/2023

Johnnie Daniels
Licensing Consultant

Date

Approved:



09/18/2023

Dawn Timm
Area Manager

Date