



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 16, 2023

Charlotte Munyabera
Metuschelah Munyabera
14820 32nd St
Gobles, MI 49055

RE: License #: AF800093261
Pinegrove AFC
14820 32nd St
Gobles, MI 49055

Dear Licensee:

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 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) 284-9730.

Sincerely,
Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AF800093261

Licensee Name: Charlotte Munyabera & Metuschelah
Munyabera

Licensee Address: 14820 32nd St
Gobles, MI 49055

Licensee Telephone #: (269) 628-7531

Licensee/Licensee Designee: Charlotte Munyabera & Metuschelah
Munyabera

Administrator: N/A

Name of Facility: Pinegrove AFC

Facility Address: 14820 32nd St
Gobles, MI 49055

Facility Telephone #: (269) 628-0309

Original Issuance Date: 10/04/2000

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/07/2023

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 4

No. of others interviewed N/A 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. E-scores were reviewed but they were not updated annually as required as they were last completed in 2021.
- 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:
4/12/22 R400.1432(4) 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:

MCL 400.734 **400.734b. This amended section is effective January 9, 2009 except Section 734b(1)(e)(iv) after the word "or" which will not be effective until october 31, 2010.**

Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

Responsible person Scholastic Bamurange did not have a workforce background clearance available for review.

R 330.1803 **Facility environment; fire safety.**

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

The home did not have an annual inspection completed on the fire alarm system.

R 330.1803 **Facility environment; fire safety.**

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire

protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

The home did not have Escores completed annually. Escores reviewed were last completed in 2021.

R 400.1405 Health of a licensee, responsible person, and member of the household.

(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.

The home did not have a physical health form available for review for the licensees and responsible person.

R 400.1405 Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

The home did not have tuberculosis screenings available for the licensees or responsible person.

R 400.1407 Resident admission and discharge criteria; resident assessment plan;

(3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Three resident files did not have residents' assessment plans signed by the guardian.

R 400.1407 Resident admission and discharge criteria; resident care agreement

(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated in the written resident care agreement.

Three resident files did not have residents care agreements signed by the guardian.

R 400.1440 Heat producing equipment.

(3) Where conditions indicate a need for inspection, heat-producing equipment shall be inspected by a qualified inspection service. If there are violations, a copy of the inspection report shall be submitted to the department, together with a written corrective action plan. A copy of the certificate of approval from the qualified inspection service shall be maintained in the home and available for department review.

The home did not have an annual furnace inspection available for review.

R 400.1440 Heat producing equipment.

(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.

The door to the furnace closet did not have an automatic self-closing device and positive latching hardware.

IV. RECOMMENDATION

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



11/16/23

Kristy Duda
Licensing Consultant

Date