

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 15, 2023

Brant Wilson The Lighthouse, Inc. PO Box 289 Caro, MI 48723

| RE: License #: | AS790368901 |
|----------------|----------------------|
| | Angel Cove |
| | 1580 Lighthouse Lane |
| | Caro, MI 48723 |

Dear Brant Wilson:

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) 643-7960.

Sincerely,

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 #: | AS790368901 |
|-------------------------|--|
| | |
| Licensee Name: | The Lighthouse, Inc. |
| | |
| Licensee Address: | 1655 East Caro Road |
| | Caro, MI 48723 |
| | |
| Licensee Telephone #: | (989) 673-2500 |
| | |
| Licensee Designee: | Brant Wilson |
| | 2 4 12 12 12 |
| Administrator: | Dorothea Wilson |
| None of Facility | August Ossus |
| Name of Facility: | Angel Cove |
| Equility Address | 1500 Lighthouse Lone |
| Facility Address: | 1580 Lighthouse Lane Caro, MI 48723 |
| | Caro, Wii 40723 |
| Facility Telephone #: | (989) 673-2500 |
| r domey receptions w. | (300) 010 2000 |
| Original Issuance Date: | 06/22/2015 |
| | 00/==/=0.0 |
| Capacity: | 6 |
| • | |
| Program Type: | PHYSICALLY HANDICAPPED |
| | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |
| | TRAUMATICALLY BRAIN INJURED |

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 11/08/2 | 023 |
|------|--|-------------------|---------------------------|
| Date | e of Bureau of Fire Services Inspection if appl | icable: | N/A |
| Date | e of Health Authority Inspection if applicable: | (| 08/14/2023 |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role: | | 4 6 |
| • | 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 refere No No If no, explain. Meal preparation / service observed? Yes This inspection was not conducted during a refere drills reviewed? Yes No If no, explains the notation of the n |]No ⊠ nealtime | If no, explain. |
| • | Fire safety equipment and practices observe | d? Yes | ⊠ No □ If no, explain. |
| • | E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □ | | |
| • | Incident report follow-up? Yes \(\subseteq \text{No } \subseteq \text{If it } \) There were no recent incident reports requiring Corrective action plan compliance verified? N/A \(\subseteq \) Number of excluded employees followed-up? | ng follow Yes | /-up. |
| • | Variances? Yes ☐ (please explain) No ☐ | N/A 🖂 | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| This facility was f | ound to be in non-compliance with the following rules: |
|--|---|
| 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. |
| At the time of inspands above 120 degree | pection, the bathroom water temperature at the sink's faucet read es Fahrenheit. |

IV. RECOMMENDATION

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

11/15/2023

Shamidah Wyden Date Licensing Consultant