



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 8, 2023

Allen and Margaret Brewer  
503 E Michigan  
Farwell, MI 48622

RE: License #: AF180001497  
**Brewer AFC**  
**503 E Michigan**  
**Farwell, MI 48622**

Dear Allen and Margaret Brewer:

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,

A handwritten signature in black ink that reads "Johnnie Daniels". The signature is written in a cursive, flowing style.

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**

<b>License #:</b>	AF180001497
<b>Licensee Name:</b>	Allen and Margaret Brewer
<b>Licensee Address:</b>	503 E Michigan Farwell, MI 48622
<b>Licensee Telephone #:</b>	(989) 588-6628
<b>Licensee Designee:</b>	Allen and Margaret Brewer
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Brewer AFC
<b>Facility Address:</b>	503 E Michigan Farwell, MI 48622
<b>Facility Telephone #:</b>	(989) 588-6628
<b>Original Issuance Date:</b>	03/04/1991
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection: 08/30/2023

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 1

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. inspection was not during mealtime.
- 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? 0 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 400.734b**      **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.**

**(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.**

**FINDING:**

The facility's responsible person, Cathy Gunden, did not have an eligibility letter from the Workforce Background Check available for review to confirm a background check had been completed through the Workforce Background Check.

**R 330.1806                      Staffing levels and qualifications.**

**(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all the following areas:**

**(a) An introduction to community residential services and the role of direct care staff.**

**(b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.**

**(c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.**

**(d) Basic first aid and cardiopulmonary resuscitation.**

**(e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.**

**(f) Preventing, preparing for, and responding to, environmental emergencies, for example, power failures, fires, and tornados.**

**(g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.**

**(h) Nonaversive techniques for the prevention and treatment of challenging behavior of clients.**

**FINDING:** There was no verification responsible person, Cathy Gunden, who also acts in the capacity of a direct care staff, had completed basic training required for the facility's specialized certification.

**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.**

**FINDING:** The licensees did not have a signed statement by a licensed physician attesting to the physical health of responsible person, Cathy Gunden, as required.

**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.**

**FINDING:** The licensees did not have written evidence responsible person, Cathy Gunden, is free from tuberculosis, as required.

**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.**

**FINDING:**

Upon review of Resident A's file, it was established Resident A was admitted to the facility on 05/05/2023; however, an evacuation score (e-score) had not been completed within 30 days of admission, as required.

**R 400.1407            Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

**(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.**

**FINDING:**

Upon review of Resident B's and Resident C's Resident Care Agreements (RCA), it was established the licensee, Margaret Brewer, inputted "prevailing" in the section where the monthly payment is expected to go rather than the actual dollar amount the licensee was charging the resident. Ms. Brewer indicated she did this because the residents' social security was expected to increase several months after the completion of the RCA. An RCA should be updated at any time there are changes made to it. If there are no changes to the RCA, the form may be re-signed and dated by all required parties during the annual review.

**R 400.1424            Environmental health.**

**(5) Poisonous and toxic materials shall be identified and shall be used only in such manner and under such conditions as will not contaminate food or constitute a hazard to residents.**

**FINDING:**

Cleaning supplies, bleach, and laundry detergent were observed on the top of the facility's washer and dryer located within a resident bathroom.

**R 400.1426            Maintenance of premises.**

**(7) Stairways shall have sturdy and securely fastened handrails which are not less than 30, nor more than 34 inches above the upper surface of the tread. Exterior and interior stairways shall**



have handrails on the open sides. Porches shall also have handrails on the open sides.

**FINDING:**

The facility has two floating staircases on both sides of the facility leading to a second level; however, neither staircase was observed with a handrail on the open sides, as required. Licensees, Allen and Margaret Brewer stated the second level was not for resident use and this area was instead utilized for storage and Margaret Brewer's sewing room. Despite the second floor not being utilized by residents, there is nothing preventing residents from accessing the stairs or preventing residents from falling off the stairs. Consequently, a handrail is required on all open sides of a staircase. All handrails are to be properly installed and meet the minimum height requirement.

**IV. RECOMMENDATION**

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



08/30/2023

Johnnie Daniels  
Licensing Consultant

Date

Approved:



09/08/2023

Dawn Timm  
Area Manager

Date