



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 26, 2024

Catherine Bracey  
1345 Marquette Avenue  
Muskegon, MI 49442

RE: License #:	AF610275867 Bracey Home 1345 Marquette Avenue Muskegon, MI 49442-1355
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Dear Ms. Bracey:

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:

- An on-site inspection will be conducted.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF610275867
<b>Licensee Name:</b>	Catherine Bracey
<b>Licensee Address:</b>	1345 Marquette Avenue Muskegon, MI 49442
<b>Licensee Telephone #:</b>	(231) 747-9227
<b>Licensee/Licensee Designee:</b>	Cathy Bracey
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Bracey Home
<b>Facility Address:</b>	1345 Marquette Avenue Muskegon, MI 49442-1355
<b>Facility Telephone #:</b>	(231) 329-5493
<b>Original Issuance Date:</b>	06/14/2005
<b>Capacity:</b>	1
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/04/2024

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 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Licensee-Cathy Bracey

- Medication pass / simulated pass observed? Yes  No  If no, explain. At the time of the renewal inspection, resident medications were not being administered.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain. Ms. Bracey did not have the medication administration record available for department review at the time of the inspection. This was cited and a return to the facility for record review will take place in March/April 2024.
- 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. Ms. Bracey did not have the e-score documents available for review. This was cited and a return to the facility for record review will take place in March/April 2024.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain. No IR's were written.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 405.3 (repeat), 426.1, 437(1)(b) 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:	
<b>R 330.1803</b>	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.
<p><b>Finding:</b> The E score was not completed and available for review during the renewal inspection.</p> <p><b>Licensee response:</b> Ms. Bracey acknowledged that she did not have the E score in a file for review. Ms. Bracey reported many documents were destroyed when she dropped the file in muddy water. Ms. Bracey stated she will have the document completed and in a file for review.</p>	
<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	(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.

<p><b>Finding:</b> Cathy Bracey, Licensee and Responsible Person, Stan Bracey do not have an updated TB test with results on file for review.</p> <p><b>Licensee response:</b> Ms. Bracey stated she will have an updated TB test and results on file for department review.</p>	
<p><b>R 400.1407</b></p>	<p><b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule. physician's instructions; health care appraisal.</b></p>
	<p>(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.</p>
<p><b>Finding:</b> Resident A's file does not include a Health Care Appraisal.</p> <p><b>Licensee response:</b> Ms. Bracey stated a completed HCA will be in Resident A's file.</p>	
<p><b>R 400.1416</b></p>	<p><b>Resident healthcare.</b></p>
	<p>(3) A licensee shall record the weight of a resident on admission and then monthly after that. Weight records must be maintained for 2 years.</p>
<p><b>Finding:</b> Resident A's file does not include a weight record of month weights.</p> <p><b>Licensee response:</b> Ms. Bracey stated Resident A's weight record will be a part of Resident A's file.</p>	
<p><b>R 400.1418</b></p>	<p><b>Resident medications.</b></p>
	<p>(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:</p> <p style="padding-left: 40px;">(a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription</p>

	medication shall be maintained on file in the home for a period of not less than 2 years.
<p><b>Finding:</b> There is no MAR (medication administration records) on file at the facility for review.</p> <p><b>Licensee response:</b> Ms. Bracey stated Resident A's MAR will be on file at the facility for review.</p>	
<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	(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.
<p><b>Finding:</b> Resident A's file did not include a resident funds I form.</p> <p><b>Licensee response:</b> Ms. Bracey stated the resident funds I form will be in Resident A's file for review.</p>	
<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	(6) All trust fund account 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 resident's designated representative.
<p><b>Finding:</b> Resident A's file did not include a resident funds II form.</p> <p><b>Licensee response:</b> Ms. Bracey stated the resident funds II form will be in Resident A's file for review.</p>	
<b>R 400.1426</b>	<b>Maintenance of premises.</b>
	(1) The premises shall be maintained in a clean and safe condition.

<p><b>Finding:</b></p> <ul style="list-style-type: none"> <li>• Water in the bathroom tested high at 149 degrees Fahrenheit.</li> <li>• Hot water at the bathroom sink was not running at the time of the inspection.</li> <li>• The light in the bathroom was not working.</li> <li>• The trim around the bottom of the walls, around the entryway to the kitchen and the hallway is not up.</li> <li>• There is no cover on an outlet in the kitchen.</li> </ul> <p><b>Licensee response:</b> Ms. Bracey stated renovation work on the bathroom and kitchen has left some things unfinished. Ms. Bracey stated all the above issues will be resolved and the water temperature issue dealt with immediately.</p>	
<b>R 400.1426</b>	<b>Maintenance of premises.</b>
	(9) Handrails and nonskid surfacing shall be installed in showers and bath areas.
<p><b>Finding:</b> The bathroom did not have a grab bar.</p> <p><b>Licensee response:</b> Ms. Bracey stated the grab bar was removed while renovating the bathroom and was not put back up yet. The grab bar will be added to the bathroom shower/bath area.</p>	
<b>R 400.1437</b>	<b>Smoke detection equipment.</b>
	(1) At least 1 single-station smoke detector shall be installed at the following locations: (b) On each occupied floor, in the basement, and in areas of the home which contain flame- or heat-producing equipment.
<p><b>Finding:</b> The smoke detector is not up in the basement of the home. The smoke detector is in the home but needed a new battery and to be put back up in the basement.</p> <p><b>Licensee response:</b> Mr. Bracey replaced the battery and Mr. and Mrs. Bracey stated the smoke detector will be hung back up in the basement immediately.</p>	
<b>R 400.1422</b>	<b>Resident records.</b>
	(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following:

	<ul style="list-style-type: none"> <li>(i) Name.</li> <li>(ii) Social security number.</li> <li>(iii) Home address.</li> <li>(iv) Name, address, and telephone number of the next of kin or designated representative.</li> <li>(v) Name, address, and telephone number of person or agency responsible for the resident's placement in the home.</li> <li>(vi) Name, address, and telephone number of the preferred physician and hospital.</li> <li>(b) Date of admission.</li> <li>(c) Date of discharge and place to which resident was discharged.</li> </ul>
<p><b>Finding:</b> Resident A does not have a resident identification record in his file for review.</p> <p><b>Licensee response:</b> Ms. Bracey stated Resident A will have a resident identification record in his file as she is completely updating Resident A's file since some of the documents were destroyed when she dropped the file in a mud puddle.</p>	

A corrective action plan was requested and approved on 01/26/2024. 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 will 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

I recommend issuance of a 2-year regular adult foster care family home license with special certification.



01/26/2024

Licensing Consultant

Date