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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 11, 2024

Susan Turner Copper Country Community Mental Health Srvs Bd 901 W Memorial Drive Houghton, MI 49931

RE: License #: AM310070429

John R Rice Home 12940 E. Ballfield Road Atlantic Mine, MI 49905

Dear Ms. Turner:

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,

Garrett Peters, Licensing Consultant Bureau of Community and Health Systems 234 W. Baraga Ave. Marquette, MI 49855 (906) 250-9318

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

#### I. IDENTIFYING INFORMATION

**License #:** AM310070429

**Licensee Name:** Copper Country Community Mental Health

Srvs Bd

**Licensee Address:** 901 W Memorial Drive

Houghton, MI 49931

**Licensee Telephone #:** (906) 482-9400

Licensee Designee: Susan Turner

Administrator: Michael Bach

Name of Facility: John R Rice Home

Facility Address: 12940 E. Ballfield Road

Atlantic Mine, MI 49905

**Facility Telephone #:** (906) 482-7565

Original Issuance Date: 11/01/1996

Capacity: 10

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	1/09/2024
Date of Bureau of Fire Services Inspection if applicat	ble: 8/15/2023
Date of Health Authority Inspection if applicable:	11/09/2023
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	3 5
Medication pass / simulated pass observed? Ye	es 🛭 No 🗌 If no, explain.
Medication(s) and medication record(s) reviewed	d? Yes ⊠ No □ If no, explain.
<ul> <li>Resident funds and associated documents review Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ☐ I was not there during meal time.</li> <li>Fire drills reviewed? Yes ⋈ No ☐ If no, explain</li> </ul>	lo ⊠ If no, explain.
• Fire safety equipment and practices observed?	Yes ⊠ No □ If no, explain.
<ul> <li>E-scores reviewed? (Special Certification Only) If no, explain.</li> <li>Water temperatures checked? Yes ⊠ No ☐ If</li> </ul>	
Incident report follow-up? Yes ⊠ No ☐ If no, or a second of the se	explain.
<ul> <li>Corrective action plan compliance verified? Yes N/A ⊠</li> <li>Number of excluded employees followed-up?</li> </ul>	☐ CAP date/s and rule/s:
Variances? Yes ☐ (please explain) No ☐ N/A	$\Lambda \boxtimes$

# **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

### R 400.14402 Food service.

(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.

Upon inspection of the downstairs pantry, I noticed many items had expired in either 2023, 2022, and 2021. These items must be discarded and a plan should be put into place to avoid potentially serving expired food to residents.

#### IV. RECOMMENDATION

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

Garrett Peters Date Licensing Consultant