



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 15, 2024

Cassandra Pressley
8395 Parkside Drive
GRAND BLANC, MI 48439

RE: License #:	AM250390141 Tranquility House AFC 2039 Clifford Street Flint, MI 48503
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Dear Cassandra Pressley:

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,

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

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AM250390141
Licensee Name:	Cassandra Pressley
Licensee Address:	8395 Parkside Drive GRAND BLANC, MI 48439
Licensee Telephone #:	(810) 610-5942
Licensee/Licensee Designee:	Cassandra Pressley
Administrator:	Natasha Redford
Name of Facility:	Tranquility House AFC
Facility Address:	2039 Clifford Street Flint, MI 48503
Facility Telephone #:	(810) 610-5942
Original Issuance Date:	01/15/2020
Capacity:	11
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: 10/31/2023

Date of Health Authority Inspection if applicable: 04/04/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: N/A

- 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.
My inspection did not take place during a 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:
6/29/22: R 400.14318(5), R 400.14312(1), R 400.14511(2), R 400.403(10),
R 400.403(1), R 400.507(6) 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:	
R 400.14203	Licensee and administrator training requirements.
	<p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p> <p>(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.</p>
At the time of my inspection, I noted that the administrator, Natasha Redford, did not complete 16 hours of annual training or complete 6 credit hours at an accredited college or university in 2022. Administrators and licensee designees must complete 16 hours of annual training or 6 credit hours at an accredited college or university annually.	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of my inspection, I noted that the licensee did not complete a 2nd shift or 3rd shift fire drill in 2022. Fire drills must be conducted during daytime, evening, and sleeping hours at least once per quarter.

During my renewal inspection on 06/02/22, I noted that the licensee did not have documentation that two of the required three fire drills were conducted during the 3rd quarter of 2020. I also noted that one of the required three fire drills were not conducted in 2021.

REPEAT VIOLATION ESTABLISHED
Ref. Renewal LSR dated 06/13/22.

IV. RECOMMENDATION

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



April 15, 2024

Susan Hutchinson Licensing Consultant	Date
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