



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Vicky Cates
McAnally AFC Facility, Inc.
3960 Sharp Road
Adrian, MI 49221

May 2, 2022

RE: License #: AM460008927
McAnallys AFC Facility
325 E. Hunt
Adrian, MI 49221

Dear Ms. Cates:

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. On 5/3/22, you submitted an acceptable corrective action plan, therefore your license has been renewed.

Please contact me with any questions. If I am not available, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616)-240-3850

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

I. IDENTIFYING INFORMATION

License #: AM460008927

Licensee Name: McAnally AFC Facility, Inc.

Licensee Address: 325 E. Hunt
Adrian, MI 49221

Licensee Telephone #: (517) 263-8745

Administrator /Licensee Designee: Vicky Cates

Name of Facility: McAnallys AFC Facility

Facility Address: 325 E. Hunt
Adrian, MI 49221

Facility Telephone #: (517) 263-8745

Original Issuance Date:

Capacity: 11

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/02/2022

Date of Bureau of Fire Services Inspection if applicable: 10/18/2021 A-rating

Date of Health Authority Inspection if applicable: 05/02/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed **3**

No. of residents interviewed and/or observed **7**

No. of others interviewed **0** Role:

- 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.
Meal time was not concurrent with on-site inspection
- 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.
No Incident reports received.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| | |
|--|---|
| The facility is not in compliance with the following rules and statutes. | |
| R400.15403 | Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair. |
| | Damage observed to upstairs bathroom ceiling and floor |
| R400.15401 | All sewage shall be disposed of in a public sewer system or, in the absence thereof, in a manner that is approved by the health authority. |
| | Sewer cap in basement needs to be replaced. |

IV. RECOMMENDATION

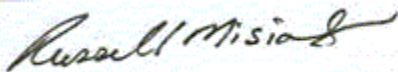
An acceptable corrective action plan has been received. Renewal of the license is recommended.



5/2/22

Dwight Forde
Licensing Consultant

Date



7/14/22

Area Manager

Date