

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 20, 2024

Patti Holland 801 W Geneva Dr. Dewitt, MI 48820

RE: License #: AM330073582

Simken Adult Foster Care

3600 Simken

Lansing, MI 48910

Dear Patti Holland:

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:

You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Ondrea Johnson, Licensing Consultant

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Bureau of Community and Health Systems

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

I. IDENTIFYING INFORMATION

License #: AM330073582

Licensee Name: Patti Holland

Licensee Address: 801 W Geneva Dr.

Dewitt, MI 48820

Licensee Telephone #: (517) 669-8457

Licensee Designee: Patti Holland

Administrator: Patti Holland

Name of Facility: Simken Adult Foster Care

Facility Address: 3600 Simken

Lansing, MI 48910

Facility Telephone #: (517) 394-3058

Original Issuance Date: 03/12/1997

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED

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AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	03/18/2	024
Date of Bureau of Fire Services Inspection if applicable: 8/7/2023			
Date of Health Authority Inspection if applicable: N/A			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: 0		2 7
•	Medication pass / simulated pass observed?	' Yes ⊠	│ No
•	Medication(s) and medication record(s) review	ewed? Y	′es ⊠ No □ If no, explain.
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, e.	xplain.	
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [- /	
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expl	ain.
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up		CAP date/s and rule/s: 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 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's

admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days

after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

FINDINGS: No health care appraisal on department form for Resident A and Resident B.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of

the resident's written assessment plan on file in the home.

FINDINGS: Assessment plan not signed by licensee for Resident A and Resident C to show the plan was reviewed with licensee.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which

specifies the responsibilities of each party. A resident care agreement shall include all of the following:

- (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.
- (b) A description of services to be provided and the fee for the service.
- (c) A description of additional costs in addition to the basic fee that is charged.
- (d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.
- (e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.
- (f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.
- (g) An agreement by the resident to follow the house rules that are provided to him or her.
- (h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.
- (i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.
- (j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.
- (k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.
- (I) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

FINDINGS: AFC Care Agreement not signed by licensee for Resident A and Resident C to show that the agreement was reviewed and completed with the licensee. Resident A's agreement also is not fully completed to show service fees and what is included in those services.

R 400.14315 Handling of resident funds and valuables.

(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.

FINDINGS: No Funds I form for Resident A and Resident B.

R 400.14403 Maintenance of premises.

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

FINDINGS: Section of the exterior of the home near roof is missing siding and not in good repair.

A corrective action plan was requested and approved on 03/20/2024. 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 may 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

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

Ondrea Johnson

Indrea Chohusa

Licensing Consultant

3/20/2024

Date