

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 8, 2024

Paul E. Miller and Sheila Miller 25073 Marcellus Hwy Dowagiac, MI 49047

RE: License #: AF140067706

Millers Assisted Living 25073 Marcellus Hwy Dowagiac, MI 49047

Dear Paul E. Miller and Sheila Miller:

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.

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,

Nile Khabeiry, Licensing Consultant

We Khaberry, LMSW

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AF140067706

Licensee Name: Paul E. Miller and Sheila Miller

Licensee Address: 25073 Marcellus Hwy

Dowagiac, MI 49047

Licensee Telephone #: (269) 782-7681

Licensee/Licensee Designee: Shelia Miller

Administrator: N/A

Name of Facility: Millers Assisted Living

Facility Address: 25073 Marcellus Hwy

Dowagiac, MI 49047

Facility Telephone #: (269) 782-6826

Original Issuance Date: 12/01/1995

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 07/02/2 | 024 |
|------|--|----------|---------------------------------|
| Date | e of Bureau of Fire Services Inspection if appl | icable: | N/A |
| Date | e of Health Authority Inspection if applicable: | | 3/12/24 |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A | | 2 5 |
| • | Medication pass / simulated pass observed? | Yes 🗵 | │ No |
| • | Medication(s) and medication record(s) revie | wed? Y | ′es ⊠ No □ If no, explain. |
| • | Resident funds and associated documents reviewed for at least one resident? Yes \square No \boxtimes If no, explain. Funds not heald by home Meal preparation / service observed? Yes \boxtimes No \square If no, explain. | | |
| • | Fire drills reviewed? Yes ⊠ No ☐ If no, ex | kplain. | |
| • | Fire safety equipment and practices observe | d? Yes | ⊠ No □ If no, explain. |
| • | E-scores reviewed? (Special Certification On 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 determined to be in substantial compliance with rules and requirements.

This facility was determined to be in substantial compliance with rules and requirements.

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

R 400.1424 Environmental health.

(3) All garbage and rubbish containing food wastes shall be kept in leakproof, nonabsorbent containers which shall be kept covered with tight-fitting lids and removed from the premises at least weekly.

FINDINGS: The garbage can did not have a tight-fitting lid.

R 400.1425 Food service.

(3) All perishable food shall be stored at such temperature as will protect against spoilage. All potentially hazardous food shall be maintained at safe temperatures (40 degrees Fahrenheit or below or 140 degrees Fahrenheit or above), except during necessary periods of preparation and service.

FINDINGS: Thermometers were absent in the refrigerator and freezer.

A corrective action plan was requested and approved on 07/02/2024. 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.

Nile Khabeiry Date Licensing Consultant