



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 29, 2024

Priscilla Espinosa
Angels Retirement Home, Corp.
108 Spruce Ave
Holland, MI 49423

RE: License #: AS230407136
Angels Retirement Home, Corp.
10216 Royston Rd.
Grand Ledge, MI 48837

Dear Ms. Espinosa:

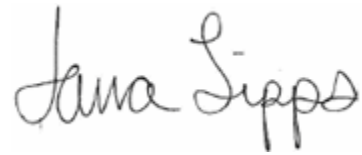
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in black ink on a white background.

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AS230407136

Licensee Name: Angels Retirement Home, Corp.

Licensee Address: 108 Spruce Ave
Holland, MI 49423

Licensee Telephone #: (616) 546-5567

Licensee/Licensee Designee: Priscilla Espinosa, Designee

Administrator: Jose Espinosa

Name of Facility: Angels Retirement Home, Corp.

Facility Address: 10216 Royston Rd.
Grand Ledge, MI 48837

Facility Telephone #: (616) 546-6556

Original Issuance Date: 03/09/2022

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/29/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 8/21/24

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 2 Role: licensee designee & Admin.

- 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.
The inspection took place after the noon meal.
- 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:
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 400.14201 **Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.**

(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.

During the on-site inspection it was identified that direct care staff, Tapanga Bernal, resides at the facility with her two minor children, and her significant other, Anthony Mejia. A BCHS-AFC100 form had not been submitted for Ms. Bernal or Mr. Mejia to provide clearance to determine whether they are suitable to assure the welfare of the residents.

R 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of the on-site inspection licensee designee, Priscilla Espinosa, did not have a signed statement from a licensed physician attesting to the physical health of Mr. Mejia, who was identified as a member of the household.

R 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been

tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of the on-site inspection, Ms. Espinosa did not have documentation of a current negative tuberculosis test for member of the household, Mr. Mejia.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

During the on-site inspection I observed that the medication cart was damaged and no longer had a functioning locking mechanism. Ms. Espinosa reported that the direct care staff are keeping the medication cart in the locked laundry room to secure the medications. I observed that the lock on the laundry room door was not latching correctly and therefore the medications could not be secured in a locked capacity.

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.

At the time of the on-site inspection, I observed that the outer wall of what once was the garage was missing a large section of siding. This wall could not be considered weathertight and watertight or in good repair. The siding will need to be replaced.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

At the time of the on-site inspection the front door was not equipped with positive-latching, non-locking against egress hardware.

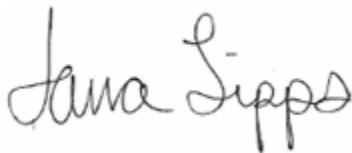
R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

At the time of the on-site inspection, I observed that the furnace room, which is located on the same floor as the residents, had a door that was not equipped with an automatic self-closing device. The door also appeared loose in the doorframe and the door handle was not latching correctly. This door will need to be modified to comply with licensing rules.

IV. RECOMMENDATION

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



8/29/24

Jana Lipps
Licensing Consultant

Date