

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 12, 2024

Shari Blackburn 9040 Farley Road Pinckney, MI 48169

> RE: License #: AF470401833 Farley Adult Foster Care 9040 Farley Road Pinckney, MI 48169

Dear Ms. Blackburn:

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 verifying that licensee Shari Blackburn and members of household Jospeh Pedrotti and Katie Parrish have been tested for communicable tuberculosis by 09/12/2024.

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,

Julie Ellers

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

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

## I. IDENTIFYING INFORMATION

License #:	AF470401833
Licensee Name:	Shari Blackburn
Licensee Address:	9040 Farley Road Pinckney, MI  48169
Licensee Telephone #:	(734) 648-0628
Administrator:	N/A
Name of Facility:	Farley Adult Foster Care
Facility Address:	9040 Farley Road Pinckney, MI  48169
Facility Telephone #:	(734) 648-0628
Original Issuance Date:	02/21/2020
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

# **II. METHODS OF INSPECTION**

Dat	e of On-site Inspections:	08/12/2024	
Date of Bureau of Fire Services Inspection if applicable:		N/A	
Date of Health Authority Inspection if applicable:		04/11/2024	
No. of staff interviewed and/or observed2No. of residents interviewed and/or observed4No. of others interviewed3Role:licensee/members of household			
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$	lf no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire drills reviewed? Yes 🛛 No 🗌 If no, explain.		
•	Fire safety equipment and practices observed? Yes $igsqcolor$ No $igcarcolor$ 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 da 407 (9) CAP 08/04/2022 N/A 🗌 Number of excluded employees followed-up? N/A 🖂	te/s and rule/s:	

• 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 found to be in non-compliance with the following rules:

# R 400.1405 Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

At the time of the renewal inspection there was no documentation that verified that licensee Shari Blackburn and members of household Jospeh Pedrotti and Katie Parrish had been tested for communicable tuberculosis every three years.

A corrective action plan was requested and approved on 08/12/2024. 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.

Julie Ellis

08/12/2024

Julie Elkins Licensing Consultant Date