



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 29, 2024

Jane Germaine
Curry House II
5858 S. 47 Mile Road
Cadillac, MI 49607

RE: License #: AH830337522
Curry House II
5858 S. 47 Mile Road
Cadillac, MI 49607

Dear Licensee:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-1970.

Sincerely,

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
350 Ottawa, NW Unit 13, 7th Floor
Grand Rapids, MI 49503
(616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH830337522
Licensee Name:	CHT Curry House MI Tenant Corp.
Licensee Address:	450 S. Orange Ave Orlando, FL 32801
Licensee Telephone #:	(231) 577-3044
Authorized Representative:	Jane Germaine
Administrator:	Pam Blevins
Name of Facility:	Curry House II
Facility Address:	5858 S. 47 Mile Road Cadillac, MI 49607
Facility Telephone #:	(231) 876-0611
Original Issuance Date:	05/01/2013
Capacity:	56
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/28/2024

Date of Bureau of Fire Services Inspection if applicable: 04/09/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 10/28/2024

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 19
No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(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.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Bureau of Fire Services (BFS) reviews fire drills, disaster plans were reviewed with staff
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: Special Investigation Report (SIR) 2024A1010047 CAP dated 7/24/24 rule 1931(2)
- Number of excluded employees followed up? 2 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf) , Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
ANALYSIS:	Review of staff and resident records revealed the annual TB risk assessment that evaluates local county TB statistics to determine low, medium, or high-risk status was not completed. The facility was not in compliance with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	<p>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</p>
ANALYSIS:	Inspection of the walk in refrigerator in the facility's kitchen revealed there were several food items stored without a label or date as to when the item were stored. As a result, it was unknown how long the items were stored.

CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



10/29/2024

Date

Licensing Consultant