

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

November 21, 2024

Kristine Levering 07900 51 1/2 St. Grand Junction, MI 49056

RE: License #: AM800009712

Special Acres 07900 5150 St

Grand Junction, MI 49056

Dear Ms. Levering:

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,

Kristy Duda, Licensing Consultant Bureau of Community and Health Systems 350 Ottawa, N.W. Unit 13, 7th Floor Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AM800009712

Licensee Name: Kristine Levering

Licensee Address: 07900 51 1/2 St.

Grand Junction, MI 49056

Licensee Telephone #: (269) 434-6704

Licensee/Licensee Designee: N/A

Name of Facility: Special Acres

Facility Address: 07900 5150 St

Grand Junction, MI 49056

Facility Telephone #: (269) 434-6704

Original Issuance Date: 02/16/1985

Capacity: 11

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of On-site In	ate of On-site Inspection(s):		11/12/2024		
Date of Bureau of	Fire Service	s Inspection if appl	licable:	9/10/2024	A-Rating
Date of Health Au	thority Inspec	ction if applicable:		7/16/2024	A-Rating
No. of staff intervi No. of residents in No. of others inter	nterviewed ar			2 6	
Medication pa	ass / simulate	ed pass observed?	' Yes ⊠] No ☐ If i	no, explain.
Medication(s)	and medica	tion record(s) revie	ewed? Y	′es 🛛 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. Inspection occurred between mealtimes. Fire drills reviewed? Yes ⋈ No ☐ If no, explain. 					
Fire safety ed	quipment and	practices observe	d? 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. The water temperature was measured to be 118 degrees Fahrenheit. Incident report follow-up? Yes ☐ No ☐ If no, explain. 					
N/A 🔀]	npliance verified? oyees followed-up		CAP date/s	and rule/s:
Variances? \	∕es	se explain) No 🗌	N/A 🖂		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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.

The licensee and two staff did not have their tuberculosis screenings completed timely – the last tuberculosis screening was completed in December 2020.

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.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

The licensee and two staff did not have an annual health review in their file.

R 400.14301 Resident admission criteria; 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.

Two out of five resident files reviewed did not have an annual health appraisal.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Five out of five resident files reviewed did not have monthly weights documented between April 2023 through September 2023.

IV. RECOMMENDATION

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

Kristy Duda Date Licensing Consultant