

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

November 22, 2024

Jonathan Harland Community Home & Health Services LLC 657 Chestnut Ct Gaylord, MI 49735

> RE: License #: AS690382149 Investigation #: 2024A0360027 White Pines

Dear Mr. Harland:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 contact the local office at 616-356-0100.

Sincerely,

Matthew Soderquist, Licensing Consultant Bureau of Community and Health Systems 931 S Otsego Ave Ste 3

Gaylord, MI 49735 (989) 370-8320

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

| License #: | AS690382149 |
|--------------------------------|--------------------------------------|
| Investigation #: | 2024A0360027 |
| ga | |
| Complaint Receipt Date: | 09/30/2024 |
| Investigation Initiation Data | 09/30/2024 |
| Investigation Initiation Date: | 09/30/2024 |
| Report Due Date: | 11/29/2024 |
| | |
| Licensee Name: | Community Home & Health Services LLC |
| Licensee Address: | 657 Chestnut Ct |
| | Gaylord, MI 49735 |
| Licenses Telephone #: | (989) 732-6374 |
| Licensee Telephone #: | (969) 132-0314 |
| Administrator/Licensee | Jonathan Harland, Designee |
| Designee: | |
| Name of Facility: | White Pines |
| Traine of Fueling. | TYTING T III.00 |
| Facility Address: | 1835 Murner Rd |
| | Gaylord, MI 49735 |
| Facility Telephone #: | (989) 732-1938 |
| | |
| Original Issuance Date: | 05/27/2016 |
| License Status: | REGULAR |
| | |
| Effective Date: | 11/27/2022 |
| Expiration Date: | 11/26/2024 |
| | |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED |
| Fiogram Type. | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |

II. ALLEGATION(S)

| Violation | |
|--------------------------|---|
| Established [*] | ? |

| | = 0tabiloiloa . |
|---|------------------------|
| Facility had a D environmental health rating. | Yes |

III. METHODOLOGY

| 09/30/2024 | Special Investigation Intake 2024A0360027 |
|------------|---|
| 09/30/2024 | Special Investigation Initiated - Telephone Jory Harland CHHS |
| 09/30/2024 | Contact - Telephone call received Chuck Edwards EHI |
| 09/30/2024 | Contact - Document Sent EHIR |
| 10/18/2024 | Contact - Telephone call received Jory Harland CHHS |
| 10/25/2024 | Inspection Completed On-site DCS Sue Knaggs |
| 10/28/2024 | Contact - Document Received EHI A rating |
| 10/19/2024 | Exit Conference Jory Harland CHHS |

ALLEGATION:

Facility had a D environmental health rating.

INVESTIGATION:

On 9/30/2024, I contacted the licensee designee Jory Harland. Mr. Harland stated he was aware of the failed environmental health inspection rating from a water sample taken on 8/19/24. He stated the facility immediately took corrective

measures to only provide bottled water to the residents and for cooking. Mr. Harland stated he had the well chlorinated and was waiting for contact with the environmental health sanitarian to reschedule the water being tested.

On 9/30/224, I contacted the environmental health sanitarian Chuck Edwards by telephone. Mr. Edwards stated he contacted the home on 8/20/24 to notify them that they would have to use bottled water for drinking and cooking until their well could be chlorinated, retested and approved. He stated he did not hear back from them despite several phone calls which is why he issued to D rating. He stated he would need an additional inspection request to conduct another water sample at the facility.

On 9/30/24, I sent Mr. Edwards an updated environmental health inspection request for water only.

On 10/18/24, I was contacted by Mr. Harland by telephone. Mr. Harland stated that Mr. Edwards had conducted a water sample on 10/9/24 which was again positive for coliform bacteria. Mr. Harland stated they had the well chlorinated again and Mr. Edwards resampled the water on 10/17/24 and they are waiting on the results.

On 10/25/24, I conducted an unannounced onsite inspection at the home. Direct care staff Sue Knaggs stated that the facility has been providing bottled water for cooking and drinking but the well has now been approved.

On 10/28/24, I received documentation that the facility had a passing rating on the environmental health inspection.

| APPLICABLE RULE | | |
|-----------------|--|--|
| R 400.14401 | Environmental health. | |
| | (1) Private water systems shall be in compliance with R 325.10101 et seq. of the Michigan Administrative Code. A bacteriological report confirming water quality shall be required during the initial inspection and every 2 years thereafter. Group homes that use a community-approved water system need not be in compliance with this requirement. | |

| CONCLUSION: | documentation received from the environmental health inspection report revealed that the facility did have a D rating on the inspection. A reinspection was completed, and a passing rating was completed on 10/17/24. |
|-------------|--|
| CONCLUSION: | VIOLATION ESTABLISHED |

On 11/19/22 I conducted an exit conference with the licensee designee Jory Harland. Mr. Harland concurred with the findings of the investigation.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

| A B. Lowell | 11/22/24 |
|--|----------|
| Matthew Soderquist Licensing Consultant | Date |
| Approved By: | 11/22/24 |
| Russell B. Misiak Area Manager | Date |