



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 25, 2024

Barbara Montgomery
972 E Washington Street
Ionia, MI 48846

RE: License #: AF340002647
Montgomery AFC Home
972 E Washington Street
Ionia, MI 48846

Dear Ms. Montgomery:

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 of locked basement door and floor heater vent installed.

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 blue ink, appearing to read "Amanda Blasius".

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

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

I. IDENTIFYING INFORMATION

License #:	AF340002647
Licensee Name:	Barbara Montgomery
Licensee Address:	972 E Washington Street Ionia, MI 48846
Licensee Telephone #:	(616) 527-2295
Licensee/Licensee Designee:	N/A
Administrator:	Barbara Montgomery
Name of Facility:	Montgomery AFC Home
Facility Address:	972 E Washington Street Ionia, MI 48846
Facility Telephone #:	(616) 527-2295
Original Issuance Date:	01/16/1990
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/25/2024

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: 08/14/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role:

- 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.
Renewal inspection did not occur during a meal time.
- 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:
11/15/24: R 400.1404, R 400.1407, R 400.1405, R 400.1426, R 400.1438 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 400.1440

Heat Producing- Equipment

(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.

At the time of inspection, the door leading to the basement and furnace did not contain a positive-latching hardware.

R 400.1426

Maintenance of premises.

(1) The premises shall be maintained in a clean and safe condition.

At the time of inspection, the water temperature was tested at 123 degrees, which is 3 degrees over the allowed limit.

At the time of inspection, a heat register was missing for a floor vent that is within the main dining room for residents. The missing register is a potential safety concern if a resident fell or stepped into the open vent.

A corrective action plan was requested and approved on 11/25/2024. 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.



11/26/2024

Amanda Blasius
Licensing Consultant

Date