



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 6, 2025

Kerry Dack
Homecrest Manor, LLC
PO Box 622
Leslie, MI 49251

RE: License #: AL330391868
Homecrest Manor
412 N. Main Street
Leslie, MI 49251

Dear Mr. Dack:

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 & special certification 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,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in dark ink on a light background.

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

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AL330391868
Licensee Name:	Homecrest Manor, LLC
Licensee Address:	412 N. Main Street Leslie, MI 49251
Licensee Telephone #:	(517) 589-8259
Licensee/Licensee Designee:	Kerry Dack, Designee
Administrator:	Kerry Dack
Name of Facility:	Homecrest Manor
Facility Address:	412 N. Main Street Leslie, MI 49251
Facility Telephone #:	(517) 589-8259
Original Issuance Date:	07/13/2018
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/02/2025

Date of Bureau of Fire Services Inspection if applicable: 2/15/24

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

4

No. of residents interviewed and/or observed

18

No. of others interviewed

1

Role: Licensee Designee/Admin.

- 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.
- 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: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
The facility continues to hold an active variance for Rule 407.4 regarding the number of resident bathrooms available. This variance was granted with the issuance of the original license.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 330.1803

Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

During the renewal inspection conducted on 1/2/25 I reviewed the evacuation assessments for all residents. The evacuation assessments were dated with the year 2022. The evacuation assessments were not updated at least annually as required.

R 400.15205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

During the renewal inspection, I reviewed the file for licensee designee, Kerry Dack. There was not available documentation to verify that Mr. Dack had tested negative for tuberculosis within the past three years.

R 400.15205

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.

During the renewal inspection I reviewed the employee file for direct care staff, Melissa Berlin. The file contained a negative tuberculosis test result dated 1/31/21. There was not documentation of a recent negative tuberculosis test result for Ms. Berlin within the past three years. I also requested to review negative tuberculosis tests for members of the household, Donald & Georgiana Dack. This documentation was not available at the time of the renewal inspection on 1/2/25.

R 400.15205 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.

In reviewing Ms. Berlin's employee file, it was noted that annual health reviews were missing for the years, 2022, 2023, and 2024.

R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

During the renewal inspection I reviewed the resident record for Resident A. This record contained an *Assessment Plan for AFC Residents* document dated 2/24/23. This document had not been updated at least annually as required.

R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

In Reviewing Resident A's resident record, it was identified that the *Resident Care Agreement* was dated 1/4/23. This document noted Resident A's room and board cost to be \$1027. Resident A's *Resident Funds Part II* form documented the room and board cost for Resident A as \$1056.50. The *Resident Care Agreement* was not updated to reflect the new room and board charge for Resident A.

R 400.15315 Handling of resident funds and valuables.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

Resident A's *Resident Funds Part II* form documented her room and board charge changing from \$1027 to \$1056.50 in December 2023. The *Resident Care Agreement* for Resident A was not updated to reflect this change in room and board charge, as the *Resident Care Agreement* is dated 1/4/23 and notes the room and board charge for Resident A to be \$1027. Therefore, charges against Resident A's account have exceeded the agreed upon price for services rendered to Resident A.


R 400.15315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the renewal inspection I reviewed Resident B & Resident C's resident records. Both records reviewed were missing the *Resident Funds Part I* document.

IV. RECOMMENDATION

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

A handwritten signature in cursive script that reads "Jana Sipps".

1/6/25

Date

Licensing Consultant