



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 10, 2024

Barbara Mohney  
Mohney 1 and 2 AFC Corp.  
1025 W Kalamazoo Ave  
Kalamazoo, MI 49007

RE: License #: AM390076322  
**Mohney 1 AFC**  
**616 Walnut St**  
**Kalamazoo, MI 49007**

Dear Barb Mohney:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM390076322
<b>Licensee Name:</b>	Mohney 1 and 2 AFC Corp.
<b>Licensee Address:</b>	1025 W Kalamazoo Ave Kalamazoo, MI 49007
<b>Licensee Telephone #:</b>	(269) 382-1448
<b>Licensee Designee:</b>	Barbara Mohney
<b>Administrator:</b>	Barbara Mohney
<b>Name of Facility:</b>	Mohney 1 AFC
<b>Facility Address:</b>	616 Walnut St Kalamazoo, MI 49007
<b>Facility Telephone #:</b>	(269) 343-4433
<b>Original Issuance Date:</b>	08/15/1999
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/10/2024

Date of Bureau of Fire Services Inspection if applicable: 3/26/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: 0

- 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 ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.14204      Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(b) First aid.**

**(c) Cardiopulmonary resuscitation.**

FINDINGS: Employee Emma Jefferson does not have training verification for CPR/First Aid for the department to review.

**R 400.14301      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.**

FINDINGS: Resident A does not have an updated assessment plan for the department to review.

**R 400.14401      Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.**

FINDINGS: Water temperature at the kitchen faucet exceeds 120 Fahrenheit.

**R 400.14403      Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

**(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.**

**(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.**

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

FINDINGS: Exterior of the home on the sides, front and back is not in good condition and in need of repair. Resident Bedroom #1 interior wall area needs to be repainted. Chair in Bedroom #1 needs repair or to be removed. Facility bathrooms flooring not in good condition and need repair. Upstairs bathroom tub tiles and surrounding tiles of the tub need to be repaired. Wallpaper, and paneling needs to be removed from all bathrooms. Carpet in resident bedrooms not in good condition and needs repair or to be replaced. Entryway carpet not in good condition and needs repair. Upstairs sitting area flooring not in good condition. White bathroom vanity needs to be repainted. Interior doors in sitting room needs to be repainted. Lower-level bathroom interior walls need to be painted. Lower-level bathroom window areas need to be repainted. Upper-level resident bathroom needs tub fixtures.

#### **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Ondrea Johnson  
Licensing Consultant

12/11/2024  
Date