

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

December 19, 2024

Alicia Sain Pal's Place, LLC 5336 E Court St S Burton, MI 48509

RE: License #: AS250385628

Pal's Place

5336 E Court St S Burton, MI 48509

Dear Alicia Sain:

Attached is the Renewal Licensing Study Report for the facility referenced above. Your Adult Foster Care small group home license special certification are renewed. The regular license is valid only at your present address and is nontransferable.

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:

An on-site inspection will be conducted.

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) 643-7960.

Sincerely,

Sabrina McGowan, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(810) 835-1019

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

I. IDENTIFYING INFORMATION

Licens #: AS250385628

Licensee Name: Pal's Place, LLC

Licensee Address: 5336 E Court St S

Burton, MI 48509

Licensee Telephone #: (810) 938-0018

Licensee/Licensee Designee: Alicia Sain

Administrator: Alicia Sain

Name of Facility: Pal's Place

Facility Address: 5336 E Court St S

Burton, MI 48509

Facility Telephone #: (810) 938-0018

Original Issuance Date: 07/06/2018

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site	e Inspection(s):		12/19/2	2024
Date of Bureau	u of Fire Services	Inspection if app	licable:	N/A
Date of Health	Authority Inspec	tion if applicable:		09/11/2024
No. of resident	erviewed and/or on is interviewed and interviewed		e Desigr	2 1 nee
Medication	n pass / simulate	d pass observed?	' Yes ⊠]No □ If no, explain.
Medication	n(s) and medicat	ion 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. No meal prep at the time of the visit. Fire drills reviewed? Yes ⋈ No ☐ If no, explain. 				
Fire safety	equipment and	practices observe	ed? 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. 				
No IR's to Corrective N/A	review. e action plan com A 🖂	Yes ☐ No ☑ If pliance verified?	Yes 🗌	ain. CAP date/s and rule/s: N/A ⊠
 Variances 	? Yes ☐ (pleas	e explain) No 🗌	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; 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.

The resident file reviewed did not contain a department health care appraisal form when accepting the resident for admission.

R 400.14315

Handling of resident funds and valuables.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

Resident fund records reviewed for 2 residents showed balances over \$200 throughout the licensing year.

R 400.14408

Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

1 bedroom did not contain non-locking against egress hardware.

A corrective action plan was requested and approved on 12/19/2024. 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 and special certification is recommended.

Sabrua McGonan December 19, 2024

Sabrina McGowan Licensing Consultant Date