

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

January 29, 2025

Lisa Yenglin 3252 Field Road Clio, MI 48420

RE: License #: AF250382605

Yenglin Home 3252 Field Road Clio, MI 48420

#### Dear Lisa Yenglin:

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: *(choose one or more)* 

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed, effective 2/8/2025. 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) 643-7960.

Sincerely,

Christopher Holvey, Licensing Consultant

Christolin A. Holvey

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 899-5659

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 #:** AF250382605

Licensee Name: Lisa Yenglin

Licensee Address: 3252 Field Road

Clio, MI 48420

**Licensee Telephone #:** (810) 564-3460

Licensee/Licensee Designee: Lisa Yenglin

Administrator: N/A

Name of Facility: Yenglin Home

Facility Address: 3252 Field Road

Clio, MI 48420

**Facility Telephone #:** (810) 564-3460

Original Issuance Date: 08/08/2016

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

**MENTALLY ILL** 

**AGED** 

## **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	01/22/2	2025
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	e of Health Authority Inspection if applicable:		N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		1 4
•	Medication pass / simulated pass observed?	Yes ∑	〗No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed?	Yes ⊠ No □ If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain.  Home was observed to have an adequate supply of food.  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire safety equipment and practices observe	d? Yes	No ☐ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □	- /	
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expl	ain.
•	Corrective action plan compliance verified? 2/1/2023, 418(2) and 418(5) N/A Number of excluded employees followed-up?		CAP date/s and rule/s:
•	Variances? Yes ⊠ (please explain) No ☐ Variance in place for licensee, Lisa Yenglin, currently residing in this home.		gal guardian of a resident

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 400.1405

Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

Licensee and responsible person had expired TB test results that were over three years old. New tests are required.

A corrective action plan was requested and approved on 01/22/2025. 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.

Christopher Holvey
Licensing Consultant

A. Holvey

1/29/2025

Date