



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 12, 2025

Julia Hill  
Centered Care LLC  
15945 Wood Rd  
Lansing, MI 48820

RE: License #: AS190412341  
**Centered Care Turner**  
**14333 Turner Road**  
**Dewitt, MI 48820**

Dear Ms. Julia Hill:

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. Please submit a picture / video of the door once the lock is changed.
- I reviewed the statement regarding the late medical clearance which was added to Ms. Ford's employee record.

Your AFC small group home license will be issued for two years. The license is valid only at the 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,

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS190412341
<b>Licensee Name:</b>	Centered Care LLC
<b>Licensee Address:</b>	15945 Wood Rd Lansing, MI 48820
<b>Licensee Telephone #:</b>	(517) 394-1234
<b>Licensee Designee:</b>	Julia Hill
<b>Administrator:</b>	Julia Hill
<b>Name of Facility:</b>	Centered Care Turner
<b>Facility Address:</b>	14333 Turner Road Dewitt, MI 48820
<b>Facility Telephone #:</b>	(517) 394-1234
<b>Original Issuance Date:</b>	09/19/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/11/2025

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: 11/18/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Megan Martinez, DCW/HM

- 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 400.14205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

Direct care staff member Ms. Ford did not have a statement signed by a licensed physician attesting to their physical health within thirty days of their start date. Ms. Ford started her employment in June 2021 and did not receive a medical statement until December 2021.

**R 400.14507      Means of egress generally.**

**(6) Occupied room door hardware shall be equipped with positive latching, non-locking-against-egress hardware.**

The side door near the laundry room was not equipped with positive latching, non-locking against egress hardware.

A corrective action plan was requested and approved on 02/11/2025. 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.



Jennifer Browning  
Licensing Consultant

02/12/2025

Date