

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 28, 2025

Phillip Mastrofrancesco Mastrofrancesco AFC Inc Suite #5 23933 Allen Road Woodhaven, MI 48183

> RE: License #: AS820013572 Mastrofrancesco AFC 13944 Stratford Riverview, MI 48192

Dear Mr. Mastrofrancesco:

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 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 (313) 456-0380.

Sincerely,

Chokea ٠., NOM

Pandrea Robinson, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 319-9682

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

I. IDENTIFYING INFORMATION

License #:	AS820013572
Licensee Name:	Mastrofrancesco AFC Inc
Licensee Address:	Suite #5 23933 Allen Road Woodhaven, MI 48183
Licensee Telephone #:	(737) 671-3654
Licensee/Licensee Designee:	Phillip Mastrofrancesco
Administrator:	Phillip Mastrofrancesco
Name of Facility:	Mastrofrancesco AFC
Facility Address:	13944 Stratford Riverview, MI 48192
Facility Telephone #:	(734) 281-7548
Original Issuance Date:	02/15/1982
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):

02/25/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed3No. of residents interviewed and/or observed5No. of others interviewedRole:

- Medication pass / simulated pass observed? Yes \boxtimes No \square 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 \boxtimes No \square 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 \square
- Variances? Yes □ (please explain) No □ N/A ⊠

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

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.

At the time of inspection, Resident A had funds of more than \$200.00 in the home from January of 2024 to the present.

IV. RECOMMENDATION

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

WILDON

Pandrea Robinson Licensing Consultant

02/28/2025 Date