

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 11, 2025

Kiarra Degraffenreid Gatti Group Homes Inc 2811 Ridgecliff Dr. Flint, MI 48532

RE: License #: AS250084250

Gatti CLF Western Road 5931 Western Road Flint, MI 48506

Dear Kiarra Degraffenreid:

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 and special certification 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 (517) 643-7960.

Sincerely,

Kent W Gieselman, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street

Kent Gresilin

P.O. Box 30664 Lansing, MI 48909 (810) 931-1092

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

I. IDENTIFYING INFORMATION

License #: AS250084250

Licensee Name: Gatti Group Homes Inc

Licensee Address: 2811 Ridgecliff Dr.

Flint, MI 48532

Licensee Telephone #: (810) 874-4053

Licensee Designee: Kiarra Degraffenreid

Administrator: Kiarra Degraffenreid

Name of Facility: Gatti CLF Western Road

Facility Address: 5931 Western Road

Flint, MI 48506

Facility Telephone #: (810) 736-0233

Original Issuance Date: 02/16/1999

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	08/05/2	025
Date	e of Bureau of Fire Services Inspection if appl	licable:	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 1 Role: RRO		2 2
•	Medication pass / simulated pass observed?	Yes 🛚	No 🗌 If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	res ⊠ 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, ex	xplain.	
•	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, expla	ain.
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up?		CAP date/s and rule/s: 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 400.14301

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 files did not contain a health care appraisal completed within the past 12 months prior to this inspection on 08/05/2025.

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.

The resident files did not contain written assessments completed within the past 12 months prior to this inspection on 08/05/2025.

R 400.14301

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

The resident files did not contain written care agreements completed within the past 12 months prior to this inspection on 08/05/2025.

IV. RECOMMENDATION

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

Kent W Gieselman Date Licensing Consultant