



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 15, 2026

Christine Decker
9914 E ML Ave.
Galesburg, MI 49053

RE: License #: AF390384856
CD Mended Hearts AFC Home
9914 E ML Ave.
Galesburg, MI 49053

Dear Christine Decker:

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 specialized certification for the developmentally disabled populations, 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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|---------------------------------------|
| License #: | AF390384856 |
| Licensee Name: | Christine Decker |
| Licensee Address: | 9914 E ML Ave. Galesburg, MI 49053 |
| Licensee Telephone #: | (269) 598-7923 |
| Licensee Designee: | N/A |
| Administrator: | N/A |
| Name of Facility: | CD Mended Hearts AFC Home |
| Facility Address: | 9914 E ML Ave. Galesburg, MI 49053 |
| Facility Telephone #: | (269) 598-7923 |
| Original Issuance Date: | 11/20/2017 |
| Capacity: | 5 |
| Program Type: | DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection: 04/14/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed Role:

- 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.
Inspection did not occur at meal time. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 400.611 Required information; fee; posting of license; change of information.

(1) An applicant or licensee shall maintain the following documents:

(h) Floor plan of each level and basement of the entire structure, including the interior layout of foster care areas and room descriptions and specifics as to use, the number of beds, and the dimensions of floor space.

FINDING: A floor plan of each level of the facility (e.g. licensee's space on 2nd level, main floor and basement), with the layout including room descriptions, specifics to use, the number of beds, and dimensions of floor space, was not available for review during the inspection.

R 400.619 Emergency preparedness plan.

(2) An emergency preparedness plan must include all of the following:

(a) Specify persons responsible for carrying out the emergency preparedness plan and their responsibilities.

(b) Persons to be notified during an emergency.

(c) Locations of alarm signals and fire extinguishers.

(d) Evacuation routes and designated point of safety.

(e) Procedures and special staff response for evacuating residents of limited mobility or special needs and visitors.

(f) Any special assistance needed by a resident.

FINDING: The emergency preparedness plan did not specify the persons responsible for carrying out the emergency preparedness plan and their responsibilities, the persons to be notified during an emergency, the locations of alarms and fire extinguishers, evacuation routes and designated points of safety, procedures and special staff response for evacuating residents of limited mobility or special needs and visitors, or any special assistance needed by a resident.

R 400.619 Emergency preparedness plan.

(3) A licensee must have a written fire safety plan that includes all of the following:

(a) Use of and response to alarms.

(b) Notification of an alarm to the fire department.

(c) Isolation of fire.

- (d) Evacuation of the facility.
- (e) Closure of bedroom doors and corridor access doors on exiting.
- (f) Use of fire extinguishers.

FINDING: The fire safety plan within the emergency preparedness plan did not include use of and response to alarms, identifying if the alarms or staff notify the fire department, isolating the fire, closing bedroom doors and corridor access doors, if applicable, on exiting and the use of fire extinguishers.

R 400.619 Emergency preparedness plan.

- (4) The evacuation routes and designated point of safety must be prominently posted in the facility and include a floor plan that specifies locations of evacuation and exit routes to be followed.**

FINDING: The evacuation routes posted throughout the main level did not include the entire facility and an evacuation route was not available for each level of the facility. The evacuation routes must at least include the floor plan that specify locations of evacuation and exit routes to be followed.

R 400.619 Emergency preparedness plan.

- (7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire, with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years.**

FINDING: There was no record of the licensee retraining staff on the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment, for the first quarter of 2026, as required.

R 400.647 Safety and maintenance of premises.

- (1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

FINDING: During the inspection, I observed multiple electrical cords and power strips excessively tangled and placed on the countertop immediately adjacent to the kitchen sink. The cords were near water and the sink basin, creating a risk of electrical shock and potential fire hazard.

Furthermore, during the inspection, I observed the basement to be excessively cluttered with clothing and storage items, resulting in limited clear floor space. The accumulation of items obstructed pathways and reduced free and clear egress routes, impeding safe movement within the area and creating a potential safety hazard.

R 400.663 **Nutrition; adoption by reference.**

(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.

FINDING: During the inspection, menus were neither posted nor available for review.

R 400.665 **Food service.**

(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.

FINDING: Leftovers were observed in the refrigerator without labels to identify when they were prepared and when they should be discarded.

R 400.675 **Resident medications.**

(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and

used only for the resident for whom it is prescribed unless generally used for all residents.

FINDING: The licensee stated that Resident A's medications are transferred into a weekly medication container and provided to a family member when Resident A leaves the facility. This indicates medications are being pre-set and removed from their original, pharmacy labeled containers, which is not permitted.

Additionally, medication belonging to the licensee's spouse was being stored in the refrigerator and not secured in a locked container.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

FINDING: Resident B's and Resident C's assessment plans were dated 04/29/2021 and 02/22/2024, respectively. Subsequently, the assessment plans were not completed and reviewed annually, as required.

R 400.725 Means of egress.

(1) A means of egress must be considered the entire way and method of passage through the facility and out an exit door to free and safe ground outside the facility and must be arranged and maintained to provide free and unobstructed egress from all parts of the facility.

FINDING: The facility's secondary means of egress is through the back door onto a deck. The gate on the deck was secured with a padlock and leads directly to the pool area. As a result, the secondary means of egress does not provide a free and safe path to an area outside of the facility. Additionally, the padlocked gate obstructs the required means of egress.

R 400.725 Means of egress.

(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for

residents requiring wheelchairs or other devices to easily navigate through doorways.

FINDING: The facility's back door, including the storm door, which serves as the secondary means of egress, was equipped with locking against egress hardware.

R 400.731 Flame-producing equipment; enclosures.

(4) Combustible materials must not be stored in rooms that contain heating equipment, water heater, incinerator, or other flame-producing equipment.

FINDING: The boiler room was observed heavily cluttered and used for storage. Large quantities of combustible materials, including clothing, linens, and plastic storage bins, and other household items, were stored immediately adjacent to the boiler system and associated piping.

Combustible materials refer to those materials which catch fire, burn, or smolder, when subjected to various degrees of heat. Such materials would include, but are not limited to, flammable liquids, paper, cloth, wood, plastic, vinyl, leather, etc. Storage of combustibles is not permitted in one-hour rated enclosures.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification for the developmentally disabled populations, is recommended.



04/15/2026

Cathy Cushman
Licensing Consultant

Date