



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 7, 2017

Kelly Devereaux  
Mentors of Michigan, Inc.  
Suite 100  
215 E. Big Beaver  
Troy, MI 48083

RE: License #: AS630282446  
Glasgow  
5710 Glasgow  
Troy, MI 48085

Dear Ms. Devereaux:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630282446
<b>Licensee Name:</b>	Mentors of Michigan, Inc.
<b>Licensee Address:</b>	19460 Glenn Roseville, MI 48066
<b>Licensee Telephone #:</b>	(248) 740-0964
<b>Licensee Designee:</b>	Kelly Devereaux
<b>Name of Facility:</b>	Glasgow
<b>Facility Address:</b>	5710 Glasgow Troy, MI 48085
<b>Facility Telephone #:</b>	(248) 828-2947
<b>Original Issuance Date:</b>	05/05/2006
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/01/2017

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
 No. of residents interviewed and/or observed 0  
 No. of others interviewed 1 Role: Director of HR

- 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 during meal time
- 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:

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

Resident A's resident care agreement was not completed at the time of admission. Resident A was admitted to the home on 08/12/17 and the resident care agreement was dated 11/14/17.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the onsite inspection, Resident A's medication log was not initialed for the 8:00pm dose of Seroquel 300mg.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the onsite inspection, the water temperature was measured at 124°F.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(4) All garbage and rubbish that contains food wastes shall be

	kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.
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During the onsite inspection, the trash can in the kitchen did not have a lid.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

During the onsite inspection, the following was observed:

- The windowsills in the bedrooms were dirty.
- The blinds on the window in bedroom #3 were broken.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the onsite inspection, the following was observed:

- The carpet in the living room was frayed at the seam.
- There was a hole in the wall in bedroom #3.
- The paint on the wall in the dining area was scuffed.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

During the onsite inspection, there were no handrails on the open sides of the back patio.

<b>R 400.14408</b>	<b>Bedrooms generally.</b>
	(7) Bedrooms shall have at least 1 easily openable window.

During the onsite inspection, the following was observed:

- The window in bedroom #3 was nailed shut.
- The sliding glass door in bedroom #1 was locked and could not be opened.

<b>R 400.14410</b>	<b>Bedroom furnishings.</b>
	(1) The bedroom furnishings in each bedroom shall include all of the following: (d) At least 1 chair.

During the onsite inspection, there were no chairs in bedroom #3 or bedroom #4.

<b>R 400.14410</b>	<b>Bedroom furnishings.</b>
	(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

During the onsite inspection, there was no mirror in bedroom #3.

#### IV. RECOMMENDATION

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



12/07/17

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Kristen Donnay  
Licensing Consultant

Date