



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 26, 2018

Mabel Higgs
Family Living Center Inc.
Suite 101
132 Franklin Blvd
Pontiac, MI 48341

RE: License #: AS630268393
Hearthside Home
4778 W. Quarton
Bloomfield Hills, MI 48301

Dear Ms. Higgs:

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,



John Pochas, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3822

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

I. IDENTIFYING INFORMATION

License #: AS630268393

Licensee Name: Family Living Center Inc.

Licensee Address: Suite 101
132 Franklin Blvd
Pontiac, MI 48341

Licensee Telephone #: (248) 334-5330

Licensee/Licensee Designee: Mabel Higgs

Administrator: Roland Higgs

Name of Facility: Hearthside Home

Facility Address: 4778 W. Quarton
Bloomfield Hills, MI 48301

Facility Telephone #: (248) 334-5330

Original Issuance Date: 01/17/2006

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):

09/24/2018

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

Inspection Type:

- Interview and Observation
- Combination
- Worksheet
- Full Fire Safety

No. of staff interviewed and/or observed

1

No. of residents interviewed and/or observed

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.
- 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? 1 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 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.

- Staff member (CG) hired on 2/28/18 did not have verification of health care assessment.

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.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

- Staff member (CG) hired on 2/28/18 did not have verification of communicable tuberculosis testing.

IV. RECOMMENDATION

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

John P. Pochas

09/26/2018

John Pochas
Licensing Consultant

Date