



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 5, 2019

Charise Muhammad  
Miller & Moss AFC Inc  
PO Box 1046  
Garden City, MI 48136

RE: License #: AS820295801  
**Rose's Place II**  
**3638 Irene**  
**Inkster, MI 48141**

Dear Ms. Muhammad:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820295801

**Licensee Name:** Miller & Moss AFC Inc

**Licensee Address:** 3409 Irene  
Inkster, MI 48141

**Licensee Telephone #:** (734) 721-9630

**Licensee/Licensee Designee:** Charise Muhammad, Designee

**Administrator:** Charise Muhammad

**Name of Facility:** Rose's Place II

**Facility Address:** 3638 Irene  
Inkster, MI 48141

**Facility Telephone #:** (734) 405-0846

**Original Issuance Date:** 05/09/2008

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS  
TRAUMATICALLY BRAIN INJURED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/30/2019

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 03  
No. of residents interviewed and/or observed 04  
No. of others interviewed 01 Role: Licensee desingee

- 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.  
Worksheet Review
- 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 330.1803**

**Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

2018 E-score documents were incomplete; there was no Total Resident Score (F-2A) and the Staff Shift Score form was blank (F-2B).

**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.**

Direct care worker, Quenzella Carter was hired on 9/5/18; Ms. Carter's at hire physician statement is dated 2/6/19. Therefore, the licensee did not obtain a physician statement within 30 days of employment.

**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.

The licensee did not obtain verification that new employees were free from communicable disease before assuming their job duties. Specifically, direct care worker Thomas Harrington's date of hire is 3/17/18; his TB test result is dated 2/10/19. Amy Craft was hired on 3/13/18; her TB test result is dated 5/9/18.

**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.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

The licensee did not review Amy Craft's health, annually (no statement 03/19).

**R 400.14207 Required personnel policies.**

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the

time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.  
2 out of 3 employee records reviewed do not contain verification of receipt of personnel policies and procedures.

**R 400.14401      Environmental health.**

(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.

On the day of inspection, the hot water temperature tested at 141 degrees Fahrenheit.

This is a **REPEAT VIOLATION**; See Renewal Licensing Study report dated 8/2/17. The licensee submitted an acceptable corrective action plan to correct the violation, but Ms. Muhammed has failed to implement the plan within the established time frame.

A corrective action plan was requested and approved on 07/30/2019. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



08/05/19

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Kara Robinson  
Licensing Consultant

Date