



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 23, 2020

Jacquelyn Vaughn  
White House Services, Inc.  
5466 Greenbriar Drive  
West Bloomfield, MI 48323

RE: License #:	AS63031938 <b>White House Services</b> <b>5466 Greenbriar Drive</b> <b>West Bloomfield, MI 48323</b>
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Dear Ms. Vaughn:


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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson, MA, LRC".

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(989) 293-5222

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630311938
<b>Licensee Name:</b>	White House Services, Inc.
<b>Licensee Address:</b>	5466 Greenbriar Drive West Bloomfield, MI 48323
<b>Licensee Telephone #:</b>	(248) 682-0773
<b>Licensee/Licensee Designee:</b>	Jacquelyn Vaughn
<b>Administrator:</b>	Jami Vaughn
<b>Name of Facility:</b>	White House Services
<b>Facility Address:</b>	5466 Greenbriar Drive West Bloomfield, MI 48323
<b>Facility Telephone #:</b>	(248) 682-0773
<b>Original Issuance Date:</b>	01/24/2012
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/22/2020

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 3  
No. of residents interviewed and/or observed 3  
No. of others interviewed 0 Role: N/A

- 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.  
My inspection did not take place during a mealtime
- 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:  
7/03/19, 10/16/18 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>
	<b>(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.</b>
Resident A's health information was not documented on BCAL-3947. A department health care appraisal form shall be used as required by this rule.	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<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. A resident care agreement shall include all of the following:</b> <b>(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.</b> <b>(b) A description of services to be provided and the fee for the service.</b> <b>(c) A description of additional costs in addition to the basic fee that is charged.</b>

	<p>(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.</p> <p>(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.</p> <p>(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.</p> <p>(g) An agreement by the resident to follow the house rules that are provided to him or her.</p> <p>(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.</p> <p>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</p> <p>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</p> <p>(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.</p> <p>(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.</p>
	<p>Resident A's Resident Care Agreement (BCAL-3266) had missing information including the following:</p> <ul style="list-style-type: none"> <li>• A description of services to be provided and the fee for these services</li> <li>• A description of the transportation services that are provided</li> </ul> <p>The resident care agreement must be filled out in its entirety to ensure compliance with this rule.</p>
<b>R 400.14316</b>	<b>Resident records.</b>
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(a) Identifying information, including, at a minimum, all of the following:</p> <ul style="list-style-type: none"> <li>(i) Name.</li> <li>(ii) Social security number, date of birth, case number, and marital status.</li> <li>(iii) Former address.</li> <li>(iv) Name, address, and telephone number of the next of kin or the designated representative.</li> </ul>

	<p>(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.</p> <p>(vi) Name, address, and telephone number of the preferred physician and hospital.</p> <p>(vii) Medical insurance.</p> <p>(viii) Funeral provisions and preferences.</p> <p>(ix) Resident's religious preference information.</p>
<p>Resident A's Information and Identification Record (BCAL-3483) did not include the medical insurance information and funeral provisions and preferences. The information in this form must be completed in its entirety to ensure compliance with this rule.</p>	
<b>R 400.14507</b>	<b>Means of egress generally.</b>
	<p>(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.</p>
<p>At the time of my inspection, I noted that the front door is not equipped with positive-latching, non-locking-against-egress hardware. All egress doors must meet the requirements of this rule to ensure compliance.</p>	
<b>R 400.14407</b>	<b>Bathrooms.</b>
	<p>(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.</p>
<p>At the time of my inspection, I noted that the employee bathroom is not equipped with positive-latching, non-locking-against-egress hardware. All bathroom doors must meet the requirements of this rule to ensure compliance.</p>	

#### IV. RECOMMENDATION

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

*Susan Hutchinson, MA, LRC*

October 23, 2020

Susan Hutchinson Licensing Consultant	Date
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