

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 25, 2021

Nicole Deneweth Homes of Opportunity Inc 15878 Kingstone Dr. Fraser, MI 48026

RE: License #: AS820014663

Jackson AFC Home 14434 Jackson Taylor, MI 48180

#### Dear Ms. Deneweth:

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 (313) 456-0380.

Sincerely,

(313) 300-9922

Denasha Walker, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

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

#### I. IDENTIFYING INFORMATION

**License #:** AS820014663

**Licensee Name:** Homes of Opportunity Inc

**Licensee Address:** 15878 Kingstone Dr.

Fraser, MI 48026

**Licensee Telephone #:** (248) 338-7458

Licensee/Licensee Designee: Nicole Deneweth

Administrator: Lashawn Jackson

Name of Facility: Jackson AFC Home

Facility Address: 14434 Jackson

Taylor, MI 48180

**Facility Telephone #:** (734) 281-6452

**Original Issuance Date:** 

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

### II. METHODS OF INSPECTION

Date of On-site Inspection(	s):	05/24/2021
Date of Bureau of Fire Services Inspection if applicable:		
Date of Environmental/Health Inspection if applicable:		
Inspection Type:	☐ Interview and Obse	ervation ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed 2 No. of residents interviewed and/or observed 0 No. of others interviewed 2 Role: licensee designee/Admin		
<ul> <li>Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.         A full worksheet inspection was completed.</li> <li>Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.</li> </ul>		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ⋈ If no, explain. A virtual inspection was completed due to Covid-19 pandemic, meal preparation/service was not observed.</li> <li>Fire drills reviewed? Yes ⋈ No ☐ If no, explain.</li> </ul>		
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.		
If no, explain.	pecial Certification Onl necked? Yes ⊠ No □	y) Yes ⊠ No □ N/A □ ] If no, explain.
Incident report follow-up? Yes ⊠ No □ If no, explain.		
CAP Dated 7/01/2019	compliance verified? Y R 400.14312 (2), R 40. mployees followed-up?	· , —
<ul> <li>Variances? Yes □ (p</li> </ul>	lease explain) No 🗆 I	N/A ⊠

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

#### R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(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.

At the time of inspection, Resident A's resident file did not contain 2019 or 2021 annual health care appraisals.

#### R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of inspection, Resident B's resident file did not contain a 2019 annual resident care agreement.

#### R 400.14312 Resident medications.

- (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:
  - (i) The medication.

- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, Resident A's medication administration records did not contain the initials of the person who administered medications on the following days:

True Metrix Blood Glucose, use three times daily for checking blood sugar, was not initialed on 3/1/2021 at 5:00 p.m. and 8:00 p.m.; on 4/5/2021 at 5:00 p.m. and 8:00 p.m.

Easy Comfort Alcohol Pads TR each, use 1 alcohol pad three times daily as directed was not initialed on 3/1/2021 at 5:00 p.m. and 8:00 p.m.

Easy Comfort 30g Lancets, use three times daily for taking blood sugar was not initialed on 3/1/2021 at 5:00 p.m. and 8:00 p.m.

#### R 400.14507 Means of egress generally.

(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.

At the time of inspection, the front door which forms a part of the required means of egress was not equipped with non-locking-against-egress hardware.

#### IV. RECOMMENDATION

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

Denasha Walker Date Licensing Consultant