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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 18, 2021

Roger Covill North-Oakland Residential Services Inc. P. O. Box 216 Oxford, MI 48371

RE: License #: AS630012621

Renaissance House 2200 N Oxford Rd Oxford, MI 48371

Dear Mr. Covill:

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 designee and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems

Kisten Donnay

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

License #:	AS630012621
Licensee Name:	North-Oakland Residential Services Inc
Licensee Address:	106 S. Washington
	Oxford, MI 48371
	(0.10) 0.00 0.000
Licensee Telephone #:	(248) 969-2392
Licence Decigned	Pogor Covill
Licensee Designee:	Roger Covill
Name of Facility:	Renaissance House
3	
Facility Address:	2200 N Oxford Rd
-	Oxford, MI 48371
Facility Telephone #:	(248) 628-1559
	00/00/4000
Original Issuance Date:	03/08/1990
Consitu	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
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# **II. METHODS OF INSPECTION**

Date of On-site Inspection(	(s): 06/09/2021	
Date of Bureau of Fire Ser	vices Inspection if applicable	e: N/A
Date of Environmental/Hea	alth Inspection if applicable:	06/08/21
Inspection Type:	☐ Interview and Observa☐ Combination	tion ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and No. of residents interviewe No. of others interviewed		2 6 ig.
Medication pass / simulations	ulated pass observed? Yes	No □ If no, explain.
Medication(s) and med	dication record(s) reviewed?	Yes ⊠ No □ If no, explain.
Yes 🛛 No 🗌 If no, e		red for at least one resident?
• Fire drills reviewed?	∕es ⊠ No □ If no, explain	1.
Fire safety equipment	and practices observed? Y	es ⊠ No □ If no, explain.
lf no, explain.	Special Certification Only) Y hecked? Yes ⊠ No □ If r	
Incident report follow-u	up? Yes⊠ No ☐ If no, ex	xplain.
06/28/19 N/A 🗌	compliance verified? Yes ∑ mployees followed-up?	☐ CAP date/s and rule/s:
Variances? Yes ☐ (p	olease explain) No 🔲 N/A [	$\boxtimes$

# 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.
	(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

During the onsite inspection, there was no documentation on file showing that the fire safety system was inspected annually in 2020.

R 330.1803	Facility environment; fire safety.
	(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained 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 appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

During the onsite inspection, there was no documentation showing that the evacuation scores (E-scores) were completed annually in 2019.

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.

During the onsite inspection, there was no annual health review on file for direct care worker, Gabrielle Mello (hire date: 03/30/20) or Sara Meyers (hire date: 04/01/19).

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.

During the onsite inspection, a health care appraisal was not completed annually for Resident A (last health care appraisal dated: 05/02/19). A health care appraisal was not obtained within the 90-day period before or 30-day period after Resident B moved into the home on 01/11/21 (health care appraisal on file dated 08/31/20 is from previous placement).

#### REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report dated 06/13/19; CAP dated 06/28/19

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

During the onsite inspection, Resident A's individual plan of service (IPOS) was effective through 05/31/21. The updated IPOS had not yet been received by the facility. Resident B moved into the home on 01/11/21 and did not have a current IPOS on file.

R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

During the onsite inspection, resident weights were not recorded for August 2019.

# REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report dated 06/13/19; CAP dated 06/28/19

R 400.14312	Resident medications.
	<ul> <li>(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: <ul> <li>(b) Complete an individual medication log that contains all of the following information:</li> <li>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</li> </ul> </li> </ul>

During the onsite inspection on 06/09/21, staff had not initialed the residents' medication logs for the morning medications that were passed on 06/09/21. The medication logs were not initialed at the time medications were passed.

R 400.14315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A

department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
Sazamata form has been granted, in writing, by the department.

During the onsite inspection, there were no Funds Part I or Funds Part II forms on file for Resident B. Resident A's Funds Part II form did not reflect the correct cost of care rate of \$907.50 for 2021.

### REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report dated 06/13/19; CAP dated 06/28/19

R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

### During the onsite inspection:

- There was lint and dust buildup on the dryer vent behind the dryer.
- The wooden doorframes and doors to the bathrooms and bedrooms were damaged by wheelchairs and were splintered/chipped.
- The tile in the bathroom was rust stained.
- The front door had rust spots.
- The side portion of the driveway was flooded. The pavement was covered in thick mud and tire tracks.

#### REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report dated 06/13/19; CAP dated 06/28/19

R 400.14403	Maintenance of premises.	
	(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 walls were scuffed and damaged throughout the facility.
- The carpet was torn, stained, and bubbling up in areas throughout the facility.

R 400.14403	Maintenance of premises.	
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.	

During the onsite inspection, the drain in the bathroom floor was backing up and water came up through the floor when the faucet was running.

## **IV. RECOMMENDATION**

Area Manager

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

Kisten Donnay	
Ο,	06/18/2021
Kristen Donnay Licensing Consultant	Date
Approved by:	
Denice G. Hum	06/18/2021
Denise Y Nunn	Date