



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 7, 2021

Sheryl Carson  
Family Tyes Inc  
6795 Glenway Drive  
West Bloomfield, MI 48322

RE: License #: AS820093202  
**Family Tyes IV**  
**7712 Dexter**  
**Detroit, MI 48206**

Dear Ms. Carson:

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,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS820093202

**Licensee Name:** Family Tyes Inc

**Licensee Address:** 6795 Glenway Drive  
West Bloomfield, MI 48322

**Licensee Telephone #:** (313) 790-4032

**Licensee/Licensee Designee:** Sheryl Carson

**Administrator:** Sheryl Carson and Deidra Gabriel

**Name of Facility:** Family Tyes IV

**Facility Address:** 7712 Dexter  
Detroit, MI 48206

**Facility Telephone #:** (313) 790-4032

**Original Issuance Date:** 06/14/2000

**Capacity:** 6

**Program Type:** MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 06/02/2021, 06/03/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 0  
No. of others interviewed 1 Role: Administrator- Deidra Gabriel

- Medication pass / simulated pass observed? Yes  No  If no, explain. Full inspection done.
- 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. No residents in the facility at the time of inspection.
- 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? 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 400.14203            Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

Licensee Designee failed to participate in, and successfully complete, 16 hours of training and/or have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

**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.

Resident A's record reviewed did not contain a reviewed of resident care agreement for 2020.

**R 400.14313            Resident nutrition.**

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

Licensee failed to maintain a record of menus for one calendar year.

**REPEAT VIOLATION: LSR 06/13/2019; CAP 07/03/2019**

**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.

A review of all resident's Funds Part II sheets were not completed, specifically did not contain cost of care on the transaction form for 2021 and 2020.

**REPEAT VIOLATION: LSR 06/13/2019; CAP 07/03/2019**

**R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Licensee failed to practice and maintain a record of fire drills for daytime hours during the first quarter of 2020.

**2<sup>ND</sup> REPEAT VIOLATION LSR 06/22/2017, CAP 07/22/2017 and LSR 06/13/2019; CAP 07/03/2019**

**R 400.14408 Bedrooms generally.**

(9) A resident who has impaired mobility shall not sleep in or be assigned a bedroom that is located above the street floor of the home.

Resident A record reviewed shows he utilizes a cane for walking. There are no first-floor resident bedrooms in this facility.

**REPEAT VIOLATION: LSR 06/13/2019; CAP 07/03/2019**

#### IV. RECOMMENDATION

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

*Shatonda Daniel*

06/07/2021

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Date

Licensing Consultant