

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 5, 2021

Echols, Richard & Miller-Echols, Tahatia 25701 Ravine Rd. Southfield, MI 48034

RE: License #: AS630287634

Echols Support Services #2 25985 W. Ten Mile Road Southfield, MI 48033

Dear Echols, Richard & Miller-Echols, Tahatia:

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 and special certification 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 (248) 975-5053.

Sincerely,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342

(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630287634

Licensee Name: Echols, Richard & Miller-Echols, Tahatia

Licensee Address: 25701 Ravine Rd.

Southfield, MI 48034

Licensee Telephone #: (248) 353-4729

Licensee/Licensee Designee: Echols, Richard & Miller-Echols, Tahatia

Administrator: Echols, Tahatia

Name of Facility: Echols Support Services #2

Facility Address: 25985 W. Ten Mile Road

Southfield, MI 48033

Facility Telephone #: (248) 353-6059

Original Issuance Date: 02/02/2007

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(08/05/2021					
Date of Bureau of Fire Services Inspection if applicable: N/A							
Date	e of Health Authority Ins	N/A					
Insp	ection Type:	☐ Interview and Observation☐ Combination					
No.	of staff interviewed and of residents interviewed of others interviewed	1 0					
•	Medication pass / simu	ulated 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 No If no, explain. The inspection did not occur during meal time. 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: Renewal 2019- S803(1), S803(6), as312(4)(b), as312(c) and as510(2) N/A Number of excluded employees followed-up? N/A						
•	Variances? Yes ☐ (p	lease explain) No 🗌 N/A 🖂					

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was f	ound to be in non-compliance with the following rules:				
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.				
Staff Latandra Jones completed an annual review on 08/23/2019 and had a physical on 04/17/2021. Staff Janet Jones completed an annual review as well as had a physical on 01/13/2021. There was no verification they completed an annual review or had a physical in 2020.					
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.				
Resident A had a health care appraisal completed on 10/14/2019 and 01/07/2021. There was no verification that an appraisal was completed in 2020.					
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.
Resident G's ass	essment plan was completed on 12/13/2019 and 07/23/2021. sessment plan was completed on 12/05/2019 and 07/23/2021. rification that an assessment plan was completed for the residents
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.
07/23/2021. Resi and 07/23/2021.	dent care agreement was completed on 12/13/2019 and ident G's resident care agreement was completed on 12/05/2019 There was no verification that a resident care agreement was e residents in 2020.
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
Staff did not adm	ninister Omega 3 1000mg to Resident A on 08/03/2021 at 7am.
R 400.14506	Fire extinguishers; location, examination, and maintenance.
	(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.
There was not ar	approved fire extinguisher on the upper level or in the basement.

IV. RECOMMENDATION

Contingent upon receipt of an acce	ptable corrective	action plan,	renewal of th	ne license
and special certification is recomm	ended.			

DaShawnda Lindsey Date Licensing Consultant