

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 30, 2021

Roderick Davis
Davis Better Care LLC
722 Fifth St
Jackson, MI 49203

RE: License #: AS380395574

Davis Better Care II 1711 Fourth Street Jackson, MI 49203

Dear Mr. Davis:

Attached is the Renewal Licensing Study Report and the Special Certification Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: You are to submit a Statement of Correction by July 15, 2021.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant

Bureau of Community and Health Systems

301 E. Louis Glick Hwy

Jackson, MI 49201 (517) 262-8604

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

#### I. IDENTIFYING INFORMATION

**License #:** AS380395574

Licensee Name: Davis Better Care LLC

Licensee Address: 722 Fifth St

Jackson, MI 49203

**Licensee Telephone #:** (517) 937-6721

Licensee/Licensee Designee: Roderick Davis

Administrator: Roderick Davis

Name of Facility: Davis Better Care II

Facility Address: 1711 Fourth Street

Jackson, MI 49203

**Facility Telephone #:** (517) 962-5197

Original Issuance Date: 12/18/2018

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s): 06/14/2021		
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: N/A			
Insp	pection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety		
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  O Role:			
•	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.		
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.		
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ 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: R 330.1803 (6), R 400. 14301 (4)(9)(10), R. 400. 14310 (3) N/A  Number of excluded employees followed-up? 2 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 330.1803 Facility environment; fire safety.

- (6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:
- (a) Improve the score to at least the "slow" category.
- (b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or 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 the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.
  - The E-Scores were reviewed in October of 2020 instead of April 2020. The E-Scores were not reviewed annually, as required.

## 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.

• The front screen door, which formed a part of the required means of egress, was equipped with locking-against-egress hardware.

## IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license and the special certification is recommended.

Mahtina Rubeitius	6/30/2021
Mahtina Rubritius	Date
Licensing Consultant	