

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 7, 2021

Thomas Quakenbush Community Homes Inc 3925 Rochester Rd. Royal Oak, MI 48073

RE: License #: AS630390444

Greer Home

2035 Lochaven Rd.

West Bloomfield, MI 48324

Dear Mr. Quakenbush:

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 (248) 975-5053.

Sincerely,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342

(248) 860-4475

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

I. IDENTIFYING INFORMATION

License #: AS630390444

Licensee Name: Community Homes Inc

Licensee Address: 3925 Rochester Rd.

Royal Oak, MI 48073

Licensee Telephone #: (248) 833-6000

Licensee Designee: Thomas Quakenbush

Administrator: Thomas Quakenbush

Name of Facility: Greer Home

Facility Address: 2035 Lochaven Rd.

West Bloomfield, MI 48324

Facility Telephone #: (248) 336-0007

Original Issuance Date: 12/11/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s | 07/07/2021 | |
|--|--|--|-------------------------------------|
| Date of Bureau of Fire Services Inspection if applicable: N/A | | | N/A |
| Date of Environmental/Health Inspection if applicable: | | N/A | |
| Inspection Type: | | ☐ Interview and Observation☐ Combination | n ⊠ Worksheet □ Full Fire Safety |
| No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role: N/A | | | 1 3 |
| • | Medication pass / simu | lated pass observed? Yes $oxtime$ | No ☐ If no, explain. |
| • | Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain. | | |
| • | Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. There was no meal service provided at the time the on-site inspection was conducted. Fire drills reviewed? Yes \boxtimes No \square If no, explain. | | |
| • | Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain. | | |
| • | E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \subseteq N/ | | |
| • | Incident report follow-up? Yes ⊠ No □ If no, explain. | | |
| • | Corrective action plan of N/A ⊠ | compliance verified? Yes | CAP date/s and rule/s: |
| • | Number of excluded er | nployees followed-up? | N/A ⊠ |
| • | Variances? Yes ☐ (pl | ease explain) No 🗌 N/A 🖂 | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14401 Environmental health.

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

The lock on the cabinet where the cleaning supplies are kept was not working making the supplies easily accessible to the residents.

IV. RECOMMENDATION

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

Cindy Berry Date Licensing Consultant