

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 23, 2021

Charlotte Coleman-White Charlottes Care Inc 17373 Roxbury Southfield, MI 48075

RE: License #: AS630305365

Charlotte's Care III 17373 Roxbury Ave. Southfield, MI 48075

#### Dear Ms. Coleman-White:

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,

Stephanie Gonzalez, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Stephanie Donzalez

Pontiac, MI 48342

(517) 243-6063

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

#### I. IDENTIFYING INFORMATION

**License #:** AS630305365

Licensee Name: Charlottes Care Inc.

**Licensee Address:** 17373 Roxbury

Southfield, MI 48075

**Licensee Telephone #:** (248) 761-7452

Licensee/Licensee Designee: Charlotte Coleman-White

**Administrator:** Charlotte Coleman-White

Name of Facility: Charlotte's Care III

**Facility Address:** 17373 Roxbury Ave.

Southfield, MI 48075

**Facility Telephone #:** (248) 557-8106

Original Issuance Date: 04/18/2011

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

ALZHEIMERS

TRAUMATICALLY BRAIN INJURED

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

### II. METHODS OF INSPECTION

Date	ate of On-site Inspection(s):		08/26/2021		
Date	e of Bureau of Fire Serv	vices Inspection if app	licable:	N/A	
Date of Health Authority Inspection if applicable: N/A					
Inspection Type:		☐ Interview and Observation☐ Combination		⊠ Worksheet □ Full Fire Safety	
No. of staff interviewed and/or observed 2 No. of residents interviewed and/or observed 2 No. of others interviewed 1 Role: Licensee Designee/Admin					
•	Medication pass / simu	ulated pass observed?	' Yes ⊠	No 🗌 If no, explain.	
•	Medication(s) and med	dication record(s) revie	ewed? Y	es 🗵 No 🗌 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 $\boxtimes$ No $\square$ If no, explain.				
•	Fire drills reviewed? Y	∕es⊠ No ☐ If no, e	xplain.		
•	Fire safety equipment	and practices observe	ed? 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-u	ıp? Yes⊠ No 🗌 If	no, expla	ain.	
•	Corrective action plan CAP dated 10/14/2019 as511(2) as301(4) as3 Number of excluded e	9: as203(1) as316(1)(a 315(3) as312(4)(c) as3	a) as301( 818(5) as	6)(b) as301(10) as401(7)	
•	Variances? Yes ☐ (p	lease explain) No	N/A 🖂		

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 400.14403 Maintenance of premises.

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

The siding along the left side and back of the home is missing and needs repair.

#### IV. RECOMMENDATION

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

Stephanie Donzalez	9/23/2021	
Stephanie Gonzalez		Date
Licensing Consultant		