

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 12, 2021

Theodore DeVantier
Macomb Residential Opportunities Inc.
Suite #102
14 Belleview
Mt Clemens, MI 48043

RE: License #: AS500371062

Gainsborough

15780 17 Mile Road

Clinton Township, MI 48038

Dear Mr. DeVantier:

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, Freich Epp- Nard

Roeiah Epps-Ward, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342

(586) 256-1776

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

I. IDENTIFYING INFORMATION

License #: AS500371062

Licensee Name: Macomb Residential Opportunities Inc.

Licensee Address: Suite #102

14 Belleview

Mt Clemens, MI 48043

Licensee Telephone #: (248) 561-1694

Licensee Designee: Theodore DeVantier

Administrator: Theodore DeVantier

Name of Facility: Gainsborough

Facility Address: 15780 17 Mile Road

Clinton Township, MI 48038

Facility Telephone #: (586) 231-0363

Original Issuance Date: 04/16/2015

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	Date of On-site Inspection(s):		10/12/2021	
Date of Bureau of Fire Services Inspection if applicable:			10/12/2021	
Date of Environmental/Health Inspection if applicab			able:	10/12/2021
Insp	ection Type:	☐ Interview and Ob☐ Combination	servation	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed N/A Role:			1	
•	Medication pass / simulated pass observed? Yes \square No \boxtimes If no, explain. Not required. 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.			
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.			
•	Fire safety equipment and practices observed? Yes $oximes$ No $oximes$ If no, explain.			
•	E-scores reviewed? (Special Certification Only) Yes No NA In It no, explain. Water temperatures checked? Yes No If no, explain.			
•	Incident report follow-up? Yes ☐ No ☒ If no, explain.			
•	Corrective action plan N/A	compliance verified?	Yes 🛛 (CAP date/s and rule/s:
•	Number of excluded e	mployees followed-up	? 1	N/A 🔀
•	Variances? Yes ☐ (n	lease explain). No. ⊠	N/A 🗍	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements. Due to quarantine restrictions related to covid-19, a virtual inspection was conducted.

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

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f)Verification of reference checks.

Staff members P.J. and T.L. do not have verification of two reference checks.

IV. RECOMMENDATION

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

10/12/2021

Roeiah Epps-Ward Licensing Consultant

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Date