

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 21, 2021

Roger Covill North-Oakland Residential Services Inc P. O. Box 216 Oxford, MI 48371

RE: License #: AS630073295

Barr Road Ais Home 1967 Barr Road Oxford, MI 48371

Dear Mr. Covill:

Attached is the Renewal Licensing Study 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 documentation of compliance or
- You are to submit a Statement of Correction.

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 (248) 975-5053.

Sincerely,

Kristen Donnay, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Place, Ste 9-100

Cisten Doma

Detroit, MI 48202 (248) 296-2783

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

### I. IDENTIFYING INFORMATION

License #:	AS630073295
Licensee Name:	North-Oakland Residential Services Inc
Licensee Address:	106 S. Washington
	Oxford, MI 48371
	(0.40), 0.00, 0.00
Licensee Telephone #:	(248) 969-2392
Licensee Designee:	Roger Covill
Name of Facility:	Barr Road Ais Home
Facility Address:	1967 Barr Road
	Oxford, MI 48371
Facility Telephone #:	(248) 693-0447
Original Issuance Date:	11/12/1996
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED

### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(	s): 10/21/2021	
Date	e of Bureau of Fire Serv	vices Inspection if applicable:	N/A
Date	e of Environmental/Hea	lth Inspection if applicable: 0	7/14/2021
Insp	ection Type:	☐ Interview and Observation	on ⊠ Worksheet □ Full Fire Safety
No.	of staff interviewed and of residents interviewed of others interviewed		2 4
•	Medication pass / simu	ulated pass observed? Yes 🏻	☑ No ☐ If no, explain.
•	Medication(s) and med	dication record(s) reviewed?	Yes ⊠ No □ If no, explain
•	Yes ⊠ No ☐ If no, e	sociated documents reviewed explain. vice observed? Yes 🖂 No [	
•	Fire drills reviewed? Y	′es ⊠ No □ If no, explain.	
•	Fire safety equipment	and practices observed? Yes	s ⊠ No □ If no, explain.
•	If no, explain.	Special Certification Only) Yenecked? Yes ⊠ No □ If no	
•	Incident report follow-u	ıp? Yes ⊠ No □ If no, exp	olain.
•	N/A	compliance verified? Yes ⊠	CAP date/s and rule/s:
•		lease explain) No ☐ N/A ⊠	<del></del>

#### **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.
	(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

During the period under review, a fire drill was not conducted during sleeping hours for the three-month period of July-September 2021.

# REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 10/18/19; CAP Dated: 12/01/19.

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.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

During the onsite inspection, the employee file for direct care worker, Kara Hovis, did not include documentation that TB testing was completed every three years. The TB test results on file were dated 12/26/16 and 10/16/21.

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.

During the onsite inspection, the employee files for direct care workers, Amanda Stemmer and Kara Hovis, did not contain an annual health review that was completed in 2020.

R 400.14312	Resident medications.
	<ul><li>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</li><li>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</li></ul>

A reason was not recorded for each administration of Resident A's PRNs for Erythromycin Ophthalmic Ointment or Hydrocortisone 2.5% cream.

R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the period under review, a fire drill was not conducted during sleeping hours for the three-month period of July-September 2021.

## REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 10/18/19; CAP Dated: 12/01/19.

R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the onsite inspection, the walls in bedroom #3 were scuffed and damaged from the bedrails hitting the wall. The bathroom walls in the shower area were rust stained.

A corrective action plan was requested and approved on 10/21/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

### IV. RECOMMENDATION

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

10/21/2021

Kristen Donnay Licensing Consultant Date

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