



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 16, 2021

Gladys Sledge
Packard Group Inc
PO Box 2066
Southfield, MI 48037

RE: License #: AS630271172
Foxmoor Lane
28510 Lorraine
Farmington Hills, MI 48336

Dear Ms. Sledge:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

A handwritten signature in blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2078

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

I. IDENTIFYING INFORMATION

License #: AS630271172

Licensee Name: Packard Group Inc

Licensee Address: Suite 303
731 Pallister Street
Detroit, MI 48202

Licensee Telephone #: (248) 626-3837

Licensee/Licensee Designee: Gladys Sledge

Administrator: Gladys Sledge

Name of Facility: Foxmoor Lane

Facility Address: 28510 Lorraine
Farmington Hills, MI 48336

Facility Telephone #: (248) 476-8139

Original Issuance Date: 02/23/2005

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/10/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: [REDACTED]

- 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 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-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Special Investigation Report (SIR)# 2021A0988020 Corrective Action Plan dated (08/05/2021)R312(5) Special Investigation Report (SIR) # 2020A0611023 R315(3) Corrective Action Plan (CAP) dated 03/24/2021 Licensing Study Renewal (LSR) R103(1)(e), 103(f), 204(1), 205(3), 208(1), 208(e), 209(1)(o), 209 (1)(t), 301(6)(b), 301(6)(d), 312(4)(a), 312(4)(b)(v), 315(3), 316(1)(a), 401(7), 402(1), 401(3), 401(6), 403(4), 403(13), 505(4), 510(2), 510(3), 511(1) 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 400.14203 Licensee and administrator training requirements.

- (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:
 - (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

On 08/05/2021, I received the licensee designee's (Gladys Sledge) Macomb Oakland Regional Center (MORC) training transcript. I noted that Ms. Sledge completed 4 training hours in 2019, 3 training hours in 2020, and 3 training hours in 2021. The 10 training hours completed by Mrs. Sledge do not meet the requirements of 16 annual training hours in 2019 and 2020.

R 400.14204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
 - (a) Reporting requirements.
 - (d) Personal care, supervision, and protection.
 - (e) Resident rights.
 - (f) Safety and fire prevention.
 - (g) Prevention and containment of communicable diseases.

On 08/10/2021, during the onsite inspection, I observed direct care worker (DCW), Skylar Williams employee file. I noted that Ms. Williams date of hire was documented at 07/13/2021. Ms. Williams has not completed Reporting requirements, Personal care, supervision, and protection, Resident rights, Safety and fire prevention, or Prevention and containment of communicable diseases. I also observed the staff schedule and noted that Ms. Williams works double shifts from 7:00 AM to 11:00 PM every weekend.

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.

There were no reference checks in Skylar Williams employee file.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

- (4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

During the onsite inspection, I observed Resident S's resident file. I noted that Resident S's assessment plan was not completely filled out. There was no documentation on how the licensee or staff will assist Resident S in areas where the "needed help" box was checked on the assessment plan.

I also observed Resident J's resident file. I noted that Resident J was admitted on 10/18/2018. Resident J's most recent MORC individual plan of service (IPOS) was not on file at the facility.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

- (6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:
- (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.
 - (b) A description of services to be provided and the fee for the service.
 - (c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

During the onsite inspection, I observed Resident S's resident file. I noted that Resident S was admitted at Foxmoor Lane on 01/04/2021. I also noted that the licensee designee, Gladys Sledge, did not sign the resident care agreement.

R 400.14307 Resident behavior interventions generally.

(3) A licensee and direct care staff who are responsible for implementing the resident's written assessment plan shall be trained in the applicable behavior intervention techniques.

During the onsite inspection, I noted that Resident J was admitted on 10/18/2018. Resident J's most recent MORC individual plan of service (IPOS) was not on file at the facility. Mr. Ken Sledge, Packard Group area manager, was present during the inspection. Mr. Sledge stated that MORC does not mail the IPOS reports to the facilities anymore. Staff are required to log on and print the current IPOS. Resident J's IPOS was completed in November 2020. Mr. Sledge printed Resident J's IPOS during the inspection. The staff had not reviewed or been trained on Resident J's current IPOS as there was no report on file at the facility until 08/10/2021.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

I observed Resident J and Resident S's weight records. I noted that Resident J and Resident S's weights have not been documented since May 2021.

R 400.14312 Resident medications.

(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:

(b) Complete an individual medication log that contains all of the following information:

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

I observed Resident J's medication administration record (MAR). I noted that no staff initials were written on Resident J's MAR on the following dates:

02/28/2021 – 4:00 PM dose Oxcarbazepine 150 mg.

04/03/2021, 04/18/2021, 04/19/2021, 04/23/2021 – 8:00 AM Oxcarbazepine 150 mg.

04/18/2021- 4:00 PM, or 8:00 PM doses Oxcarbazepine 150 mg.

04/18/2021 – 8:00 PM doses Clonidine HCL, Olanzapine 15 mg., Polycycle

04/22/2021 – 8:00 PM doses Clonidine HCL, Olanzapine 15 mg., Polycycle

R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

During the onsite inspection, I observed the physical plant. I noted that there was no non-skid surfacing installed in bathroom #1.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

I observed several floor vents that were covered in rust. I observed that the lamp shade in Bedroom #2 was broken. I observed that there was no light cover over the lightbulb in the kitchen dining area. I observed that the window treatment rod was loose and about to fall in the laundry room. I observed that 1:2 glass panels was

missing from the coffee table. I observed that the vanity located in bathroom #2, was damaged. The side of the vanity was warped, and the particle board was exposed.

R 400.14410 Bedroom furnishings.

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

I observed that the mirror was missing in bedroom #2.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



08/16/2021

Kenyatta Lewis
Licensing Consultant

Date

Approved by:



08/16/2021

Denise Y Nunn
Area Manager

Date