

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 23, 2021

Kenyetta Coleman Green Pastures Home Care, LLC 16087 Meadowood Southfield, MI 48076

RE: License #: AS630405536

**Green Pastures Home Care, LLC** 

**25485 Dunbar** 

Southfield, MI 48033

Dear Ms. Coleman:

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,

Frodet Dawisha, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue

Irrodet Navisha

51111 Woodward Av Pontiac, MI 48342 (248) 303-6348

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

## I. IDENTIFYING INFORMATION

License #:	AS630405536
Licensee Name:	Green Pastures Home Care, LLC
Licensee Address:	25485 Dunbar
	Southfield, MI 48033
Licensee Telephone #:	(248) 467-1142
Administrator/Licensee Designee:	Kenyetta Coleman
Name of Facility:	Green Pastures Home Care, LLC
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Facility Address:	25485 Dunbar
	Southfield, MI 48033
Facility Telephone #:	(248) 467-1142
Original Issuance Date:	03/31/2021
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date of On	-site Inspection(s	s):	09/23/2	:021
Date of Bu	reau of Fire Serv	ices Inspection if appl	licable:	N/A
Date of He	alth Authority Ins	pection if applicable:		N/A
Inspection	Туре:	☐ Interview and Obs	servatior	n ⊠ Worksheet □ Full Fire Safety
No. of resid	interviewed and dents interviewed rs interviewed	or observed I and/or observed I Role: License	e Design	0 0 nee
<ul> <li>There</li> <li>Medicant There</li> <li>Resident Yes</li> <li>Meal part There</li> <li>Fire drawn There</li> </ul>	were no resident ation(s) and med were no resident ent funds and asset of No If no, expreparation / service were no resident fills reviewed? Y	is admitted into this holication record(s) reviets admitted into this holicociated documents rexplain. There were notice observed? Yes admitted into this holics admitted into this holics.	ome ewed? Y ome eviewed residen No  ome xplain.	No ⊠ If no, explain.  Yes □ No ⊠ If no, explain  for at least one resident?  ts admitted into this home  If no, explain.  ⊠ No □ If no, explain.
If no, e	explain. There we	pecial Certification Or ere no residents admit ecked? Yes ⊠ No [	ted into	this home
There • Correct	were no resident ctive action plan o N/A ⊠	•	ome Yes 🗌	CAP date/s and rule/s:
• Number	er of excluded er	nployees followed-up'	?	N/A 🖂
<ul> <li>Varian</li> </ul>	ces? 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:

MCL 400.713	License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.
	(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:  (a) The financial stability of the facility.  (b) The applicant's compliance with this act and rules promulgated under this act.

Sine the issuance of the license on 03/31/2021, no residents have been admitted to this licensed adult foster care facility. As there were no residents in care during the period under review, the department is not able to determine compliance with Act 218 or the adult foster care licensing rules related to resident care and services.

R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the on-site inspection on 09/23/2021, the hot water temperature was outside the safe range of 105° - 120° Fahrenheit. The hot water temperature in bathroom #1 was 123.6° Fahrenheit and 122.9° Fahrenheit in bathroom #2.

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 on-site inspection on 09/23/2021, there was water on the wall and floor in the basement behind the basin sink near the washer and dryer.

R 400.14511	Flame-producing equipment; enclosures.
	(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

During the on-site inspection on 09/23/2021, the automatic self-closing device on the door located at the top of the basement was not closing properly.

#### IV. RECOMMENDATION

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

09/23/2021

Frodet Dawisha

Date

Licensing Consultant

Grodet Navisha