



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 19, 2021

Sheana Waldburg  
Heavenly Comfort LLC  
19103 Woodmont  
Harper Woods, MI 48225

RE: License #: AS820379793  
**Heavenly Comfort Too AFC**  
**15255 Collingham Drive**  
**Detroit, MI 48205**

Dear Mrs. Waldburg:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820379793

**Licensee Name:** Heavenly Comfort LLC

**Licensee Address:** 19103 Woodmont  
Harper Woods, MI 48225

**Licensee Telephone #:** (313) 307-0002

**Licensee/Licensee Designee:** Sheana Waldburg

**Administrator:** Sheana Waldburg

**Name of Facility:** Heavenly Comfort Too AFC

**Facility Address:** 15255 Collingham Drive  
Detroit, MI 48205

**Facility Telephone #:** (313) 434-5810

**Original Issuance Date:** 09/19/2016

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/18/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 2  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Full inspection completed
- 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.  
Inspection completed not during a meal time.
- 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:  
803 (6), 105 (1), 310 (3), 312 (2), 318 (5), 401 (2) N/A
- Number of excluded employees followed-up? 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 400.14205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, Staff- Rhashuandra Brooks' record reviewed did not contain a statement attesting to the knowledge of the physical health completed within 30 days of hire. Specifically, Ms. Brooks did not have physical completed.

**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.

At the time of inspection, Staff- Rhashuandra Brooks' record reviewed did not contain verification of reference checks.

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

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A

department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Resident A's record reviewed did not contain health care appraisal completed within 30 days of an emergency admission. Specifically, Resident A was admitted on 07/19/2021 and his health care appraisal was done on 10/26/2021.

**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:
    - (i) The medication.
    - (ii) The dosage.
    - (iii) Label instructions for use.
    - (iv) Time to be administered.
    - (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
    - (vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, Resident A's medication administration record was reviewed for the month of July and August 2021. Specifically, Resident A's Seroquel 300mg on 08/31/2021 at the 8:00p.m. dosage was not initialed by staff. Also, Resident A's Divalproex Sodium ER 500mg on 07/31/2021 at the 12:00p.m. and 4:00p.m. dosage was not initialed by staff.

**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.

At the time of inspection, Licensee Designee failed to practice and maintain fire drills for sleeping hour during the third quarter of 2021 and for sleeping hours during the fourth quarter of 2020.

**R 400.14402      Food service.**

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

At the time of inspection, I observed the deep freezer in the basement to not be equipped with thermometers.

**R 400.14507      Means of egress generally.**

(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, I observed resident bedroom and upstairs sitting area doors to not be equipped with non-locking against egress hardware.

At the time of inspection, I observed the fire door to the heating plant to not be equipped with positive latching hardware.

**IV. RECOMMENDATION**

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



11/19/2021

---

Shatonla Daniel  
Licensing Consultant

Date

