



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 21, 2021

Cheryl Loveday  
Angels' Place Inc  
Suite 2  
29299 Franklin Road  
Southfield, MI 48034

RE: License #: AS630072584  
**Lopez Family Home**  
**16022 Webster Ave**  
**Southfield, MI 48076**

Dear Ms. Loveday:

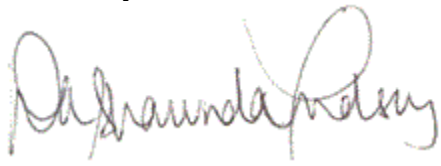
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and special certification 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,

A handwritten signature in black ink, appearing to read "DaShawnda Lindsey". The signature is fluid and cursive, with the first name being more prominent.

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 505-8036

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630072584

**Licensee Name:** Angels' Place Inc

**Licensee Address:** Suite 2  
29299 Franklin Road  
Southfield, MI 48034

**Licensee Telephone #:** (248) 350-2203

**Licensee/Licensee Designee:** Cheryl Loveday

**Administrator:** Shannon White-Schellenberger

**Name of Facility:** Lopez Family Home

**Facility Address:** 16022 Webster Ave  
Southfield, MI 48076

**Facility Telephone #:** (248) 594-6794

**Original Issuance Date:** 02/14/1997

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/18/2021, 12/20/2021

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 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Program director

- 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.  
The inspection did not occur 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:  
Renewal 2019- as301(10), as318(5), s803(3); SI 11/2019- as312(2), as305(3), SI  
10/2019- as312(2), SI 01/2020- as311(7), and 310(4) N/A
- Number of excluded employees followed-up? 1 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:	
<b>MCL 400.734b</b>	<b>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</b>
	<b>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</b>

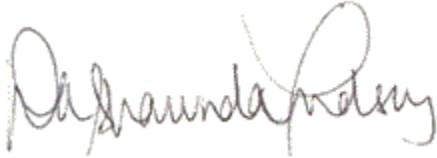
<p>Staff Kahania Jackson-Elroy was fingerprinted under Grimaldi Home license. Staff Kyanna Stephens was fingerprinted under Bell Home license. Both staff need to be fingerprinted under Lopez Family Home license.</p>	
R 330.1803	Facility environment; fire safety.
	<b>(3) A facility that has a capacity 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.</b>
<p>There was no verification that a fire drill was conducted during the afternoon shift in the 4<sup>th</sup> quarter of 2020. Mock drills were conducted during the afternoon shift on 10/19/2020, all three shifts in 3<sup>rd</sup> quarter of 2020, and during the morning and midnight shift in the 2<sup>nd</sup> quarter of 2020. The residents did not participate in the mock drills. No other fire drills were conducted during these listed periods.</p> <p><b>REPEAT VIOLATION ESTABLISHED. Reference LSR 12/17/2019. CAP 12/19/2019.</b></p>	
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.
<p>There is verification that staff Kahania Jackson-Elroy had a TB test; however, the results of that test was not provided.</p>	
R 400.14315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
<p>Resident A's Resident Funds Part II form was not accurate. Per the form, Resident A has \$59.81; however, Resident A only had \$56.81 in the facility.</p>	

Resident B's Resident Funds Part II form was not accurate. Per the form, Resident B has \$39.46; however, Resident A had 38.56 in the facility.	
R 400.14316	Resident records.
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following: (i) Name. (viii) Funeral provisions and preferences.
There were no documented burial provisions for Resident B and Resident C.	
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.
There was no verification that a fire drill was conducted during the afternoon shift in the 4 <sup>th</sup> quarter of 2020. Mock drills were conducted during the afternoon shift on 10/19/2020, all three shifts in 3 <sup>rd</sup> quarter of 2020, and during the morning and midnight shift in the 2 <sup>nd</sup> quarter of 2020. The residents did not participate in the mock drills. No other fire drills were conducted during these listed periods.  <b>REPEAT VIOLATION ESTABLISHED. Reference LSR 12/17/2019. CAP 12/19/2019.</b>	
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.
The water temperature in one of the bathrooms was 123.6 degrees Fahrenheit.	
R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition.

	Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.
The facility has two hot water heaters. One of the hot water heaters did not have a discharge pipe that terminates within 4" of floor level.	

**IV. RECOMMENDATION**

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



12/21/2021

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Licensing Consultant

Date