



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 13, 2022

Janet McCarver  
Creative Images Inc  
PO Box 253  
Southfield, MI 48037

RE: License #: AS820259527  
**Hope Home**  
**22949 Hollander**  
**Dearborn, MI 48128**

Dear Ms. McCarver:

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 blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820259527

**Licensee Name:** Creative Images Inc

**Licensee Address:** 28125 7 Mile Rd  
Livonia, MI 48152

**Licensee Telephone #:** (313) 527-1098

**Licensee/Licensee Designee:** Janet McCarver, Designee

**Administrator:** Shannon McCormick

**Name of Facility:** Hope Home

**Facility Address:** 22949 Hollander  
Dearborn, MI 48128

**Facility Telephone #:** (313) 561-9122

**Original Issuance Date:** 03/24/2004

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s):

01/11/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

Inspection Type:

- Interview and Observation
- Worksheet
- Combination
- Full Fire Safety

No. of staff interviewed and/or observed **01**  
 No. of residents interviewed and/or observed **04**  
 No. of others interviewed **01** Role: **Home Manager**

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to the Covid-19 pandemic, this inspection was completed virtually to mitigate risks.
- 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:  
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 330.1803**

**Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

Home Manager failed to produce verification that an E-score was completed within 30 days of O.H.'s placement.

**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.**

No verification direct care worker, Debra Coleman completed Reporting requirements training.

**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.

O.H.'s 2021 AFC Assessment Plan is incomplete; the report is missing page 4 with the signatures.

**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:

(b) A description of services to be provided and the fee for the service.

O.H.'s Resident Care Agreement dated 3/4/20 does not document the basic fee for service.

This is a **REPEAT VIOLATION**; See 2020 Renewal LSR.

**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.

No Funds Part I form. The home manager said she could not locate a copy of the completed document.

This is a **REPEAT VIOLATION**; See 2020 Renewal LSR.

**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 are many fire drills missing for the years 2020 and 2021. They are as follows:

- No DAY drill completed in the 1<sup>st</sup> quarter of 2020.
- No SLEEP drill completed in the 3<sup>rd</sup> quarter of 2020.
- No SLEEP drill completed in the 3<sup>rd</sup> quarter of 2021.
- No DAY or EVENING drills completed in the 4<sup>th</sup> quarter of 2021.

**R 400.14403      Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Observed the shared bathroom has severe staining (possible rust) on the base of the tub. Observed a bath mat placed on top of the stain to possibly conceal the damage.

**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.

Observed the hard wood floors in the bedrooms have severe wear; floors need to be re-stained and/or possibly sanded.

**R 400.14313      Resident nutrition**

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

Substitute meals aren't being documented. On the day of inspection, the residents were scheduled to have carrot sticks, egg salad or choice, whole grain pita pocket, fresh fruit, pudding, and a beverage for lunch. However, the residents were served grilled cheese sandwiches, chicken and rice soup, and cranberry juice. The substitute meal had not been documented two hours after lunch was served. The home manager acknowledged substitute meals are not routinely documented.

#### IV. RECOMMENDATION

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



01/13/22

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Date

Licensing Consultant