

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 3, 2021

Betty Mackie Henrys Inc. P.O. Box 81733 Rochester, MI 48308

RE: License #: AS820273992

Henry's Inc. Paradise Home 30935 Pennylvania

Romulus, MI 48174

Dear Ms. Mackie:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: (*choose one or more*)

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

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,

Edith Richardson, Licensing Consultant

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Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

(313) 919-1934

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

#### I. IDENTIFYING INFORMATION

**License #:** AS820273992

Licensee Name: Henrys Inc.

**Licensee Address:** P.O. Box 81733

Rochester, MI 48308

**Licensee Telephone #:** (313) 910-2951

Licensee/Licensee Designee: Betty Mackie, Designee

Administrator: Sheila Hawkins

Name of Facility: Henry's Inc. Paradise Home

Facility Address: 30935 Pennylvania

Romulus, MI 48174

**Facility Telephone #:** (313) 910- 2951

Original Issuance Date: 06/07/2005

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

## II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 10/26/2021
Date of Bureau of Fire Services Inspection if applicable:	
Date of Health Authority Inspection if applicable:	
Insp	Dection Type:  Interview and Observation Worksheet Combination Full Fire Safety
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  Role:	
•	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 $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ 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.  N/A  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 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.

The fire alarm system's integrated functions "meant to improve occupants' life safety or control the spread of fire" did not work when activated.

The emergency lights did not flash.

The fire door separating the sleeping areas from the rest of the home did not release and close shut.

A corrective action plan was requested and approved on 10/27/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

## IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

Edith Richardson

Licensing Consultant

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11/03/2021

Date