



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 26, 2022

Clifford Brown
Care Assistant Living Home Inc.
430 Franklin Lake Circle
Oxford, MI 48371

RE: License #: AS630301800
Care Assistant Living
31521 W. Stonewood Ct.
Farmington, MI 48334

Dear Mr. Brown:

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:

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

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630301800
Licensee Name:	Care Assistant Living Home Inc.
Licensee Address:	430 Franklin Lake Circle Oxford, MI 48371
Licensee Telephone #:	(248) 722-7171
Licensee Designee:	Clifford Brown
Administrator:	Ebony Goree
Name of Facility:	Care Assistant Living
Facility Address:	31521 W. Stonewood Ct. Farmington, MI 48334
Facility Telephone #:	(248) 254-3195
Original Issuance Date:	08/18/2009
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/26/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority 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 6

No. of others interviewed [redacted] Role: [redacted]

- 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.
Meal preparation did not occur during inspection
- 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:
210(c), 301(9), 301(4), 208(1)(e), 208(1)(f), 402(3)(4)(6), 403(1)(3)(5)(11),
401(2)(6) 505(1), 507(5), 203(1) 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.

During the on-site inspection on 01/26/2022, the toilet seat in bathroom #1 was cracked and bathroom #1 door was cracked near the handle.

REPEAT VIOLATION: LSR DATED 02/18/2020, CAP DATED 02/18/2020

R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

During the on-site inspection on 01/26/2022, the front entry door that is a required means of egress had a dead bolt and was not equipped with positive-latching, non-locking-against-egress hardware.

REPEAT VIOLATION: LSR DATED 02/18/2020, CAP DATED 02/18/2020

A corrective action plan was requested and approved on 01/26/2022. 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.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Frodet Dawisha 01/26/2022

Frodet Dawisha
Licensing Consultant

Date