



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 26, 2022

Keta Cowan
Synod Residential Services
P.O. Box 980465
Ypsilanti, MI 48197

RE: License #: AS630084857
Prosperity House
273 S Coats Rd
Oxford, MI 48371
AMENDED REPORT
Original Report date: December 3, 2021

Dear Ms. Cowan:

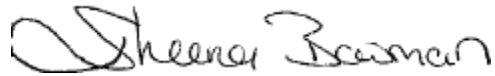
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Sheena Bowman". The signature is written in a cursive style with a large, stylized initial 'S'.

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License#: AS630084857

Licensee Name: Synod Residential Services

Licensee Address: P.O. Box 980465
Ypsilanti, MI 48198-0465

Licensee Telephone #: (734) 483-9363

Licensee/Licensee Designee: Keta Cowan

Administrator: Keta Cowan

Name of Facility: Prosperity House

Facility Address: 273 S Coats Rd
Oxford, MI 48371

Facility Telephone #: (248) 969-1553

Original Issuance Date: 04/29/1999

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/02/21

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

Date of Health Authority Inspection if applicable: 10/06/21

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 3

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. The funds Part II were not provided for review.
- Meal preparation / service observed? Yes No If no, explain. It was not meal time during the onsite.
- 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. The E-scores were not provided for review.
- 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: CAP approved 10/29/21; 205(6), 203(1), 312(4)(b), 301(9), 301(10), 301(4), 803(3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in non-compliance with the following applicable rules and statutes.

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.

The resident care agreement for Resident B was not signed by the licensee designee. The resident care agreement for Resident A was not completed at the time of admission.

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.

REPEAT VIOLATION: LICENSING STUDY REPORT 10/30/19; CAP APPROVED 10/29/19

The assessment plan for Resident B was not signed by the licensee designee. The assessment plan for Resident A was not completed at the time of admission.

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.

REPEAT VIOLATION: LICENSING STUDY REPORT 10/30/19; CAP APPROVED 10/29/19

A health care appraisal was not provided for review for Resident B.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

A weight record was not provided for review for Resident B.

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.

The Funds Part II forms were not provided for review for Resident A or Resident B. The Funds Part I form was not provided for review for Resident B.

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.

During the timeframe of April 2021 through June 2021, a fire drill was not completed during sleeping hours.

R 330.1803 Facility environment; fire safety

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained 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 appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

During the timeframe of April 2021 through June 2021, a fire drill was not completed during sleeping hours.

R 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

REPEAT VIOLATION: LICENSING STUDY REPORT 10/30/19; CAP APPROVED 10/29/19

The licensee designee, Keta Cowan did not complete 16 hours of training for 2019 or 2020.

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.

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

The 2020 physical for the licensee designee was not complete, as the doctor did not answer the question regarding the licensee designee physical and/or mental condition.

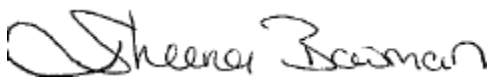
R 400.14403 Maintenance of premises.

(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.

During the onsite, a water leak was observed in the basement. The sump tank in the basement appears to be leaking water towards the water heater and furnace.

IV. RECOMMENDATION

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



Sheena Bowman
Licensing Consultant

12/03/21
Date

AMENDED REPORT

PURPOSE OF AMENDED:

On 11/05/21, the licensee designee, Keta Cowan was notified via email a list of required documents to provide regarding the licensing renewal. Ms. Cowan was asked to provide her 2019 and 2020 trainings records, 2019 and 2020 physicals and a current TB test. Ms. Cowan was also asked to provide specific documents relevant to resident's file's, employee documents, and E-scores. Ms. Cowan did not respond to the email however; she had staff member, Keisha Duvall submit documents on her behalf. On 11/23/21, another request was made to obtain missing documents. Neither Ms. Cowan nor Ms. Duvall submitted all of the requested documents in its entirety.

On 12/03/21, an exit conference was held with Ms. Cowan. Ms. Cowan stated she did complete her trainings and other missing documents were available. Ms. Cowan was informed that she had three weeks to provide all of the requested documents and at this time the renewal process has been completed.

On 12/10/21, Ms. Cowan contacted the department and informed the area manager that she was unaware Ms. Duvall had not submitted all requested documents and that some documents were available during the onsite on 12/03/21 but were not reviewed. Ms. Cowan was informed to submit all of the requested documents that she failed to provide upon the initial request on 11/05/21.

METHODOLOGY

12/10/2021	Contact-Document received Documents were received in separate emails starting from 12/10/21 through 12/15/21.
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DESCRIPTION OF FINDINGS AND CONCLUSIONS

A weight record for Resident B was received on 12/14/21. This cited violation was changed to no violation.

E-score records were received on 12/14/21. However, several of the level of evacuation difficulty scores on the F-2D forms for 2020 and 2021 were not calculated accurately. In the initial LSR dated 12/03/21, rule 1803(5) was cited along with a narrative pertaining to the fire drills instead of a narrative regarding the E-scores. The correct rule that was missing from the initial LSR regarding the fire drills is 1803(3). The initial LSR cited rule 1803(5) but there was a missing narrative regarding rule violation 1803(5) pertaining to the E-scores that were not provided.

On 12/10/21, Ms. Cowan provided her 2019 and 2020 training hours record. Ms. Cowan did not meet the required annual 16 hours of training in 2020.

On 12/14/21, a health care appraisal was provided for Resident B. The health care appraisal was not completed within the 90-day period before Resident B was admitted.

The Funds Part II forms were not provided for review for Resident A or Resident B. The Funds Part I form was provided on 12/14/21. The Funds Part I form was not completed accurately.

R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
ANALYSIS:	A weight record for Resident B was received on 12/14/21.
CONCLUSION:	VIOLATION ESTABLISHED (BUT CORRECTED)

R 330.1803	Facility environment; fire safety
	(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained 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 appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

ANALYSIS:	E-score records were received on 12/14/21 however; several of the level of evacuation difficulty scores on the F-2D forms for 2020 and 2021 were not calculated accurately. For instance, the F-2D form for Resident MH on 04/30/20, the score provided was 0.5 but the correct score is 0.125. For Resident MH on 03/22/21, the score provided was 1.5 but the correct score is 0.08. For Resident SE on 11/01/20, the score provided was 1.5 but the correct score is 0.1. For Resident MH on 08/16/21, the score provided is 0.15 but the correct score is 0.125.
CONCLUSION:	VIOLATION ESTABLISHED

R 330.1803	Facility environment; fire safety
	(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.
ANALYSIS:	During the timeframe of April 2021 through June 2021, a fire drill was not completed during sleeping hours.
CONCLUSION:	VIOLATION ESTABLISHED

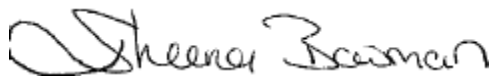
R 400.14203	Licensee and administrator training requirements.
	(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement. (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.
ANALYSIS:	On 12/10/21, Ms. Cowan's 2019 and 2020 trainings were provided. Ms. Cowan did not complete the required 16 hours of training for 2020. Ms. Cowan's total number of training hours for 2020 is 15.5.
CONCLUSION:	VIOLATION ESTABLISHED

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.
ANALYSIS:	A health care appraisal was provided for Resident B on 12/14/21. The health care appraisal was not completed within the 90-day period before Resident B was admitted. Resident B was admitted on 08/16/21 and his health care appraisal was not completed until 02/12/21.
CONCLUSION:	VIOLATION ESTABLISHED

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.
ANALYSIS:	The Funds Part II forms were not provided for review for Resident A or Resident B. The Funds Part I form was provided on 12/14/21. The Funds Part I form was not completed accurately as the guardian's name was not provided in Section A, Section B is missing the individual's name that is responsible, and the form is not dated.
CONCLUSION:	VIOLATION ESTABLISHED

RECOMMENDATION:

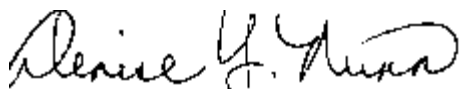
Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.



Sheena Bowman
Licensing Consultant

01/05/22
Date

Approved By:



Denise Y. Nunn
Area Manager

01/26/2022

Date