



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 11, 2022

Gladys Sledge
Packard Group Inc
PO Box 2066
Southfield, MI 48037

RE: License #: AS630271172
Foxmoor Lane
28510 Lorraine
Farmington Hills, MI 48336

Dear Ms. Sledge:

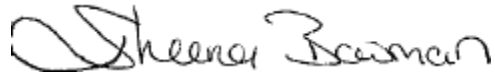
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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#:	AS630271172
Licensee Name:	Packard Group Inc
Licensee Address:	Suite 303 731 Pallister Street Detroit, MI 48202
Licensee Telephone #:	(248) 626-3837
Licensee/Licensee Designee:	Gladys Sledge
Administrator:	Gladys Sledge
Name of Facility:	Foxmoor Lane
Facility Address:	28510 Lorraine Farmington Hills, MI 48336
Facility Telephone #:	(248) 476-8139
Original Issuance Date:	02/23/2005
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/10/22

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 [redacted]
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.
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.
- 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:
LSR CAP Approved 09/13/21; as203(1) as204(3) as208(1)(f) as301(4) as301(6)
as307(3) as310(3) as312(4)(b) as403(2) as403(11) as410(2)
- SIR 05/03/21; 312(5), SIR 03/24/20; 315(13) 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 400.14410 Bedroom furnishings.

(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a water bed is not prohibited by this rule.

The AFC group home currently has a total of four residents in the home. The AFC group home is licensed for five residents however; there are only four beds in the home.

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 onsite, I observed a water leak in the basement near the furnace.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

Resident B's Diazepam 2 mg was observed to be expired and; it had not been properly disposed of.

R 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

According to Resident B's MAR, he is prescribed Gentamicin cream, Ammonium Lactate, and Ibuprofen. However, the staff are no longer administering these medications because it was stated that these medications were discontinued. The staff have not obtained written instructions from a physician pertaining to discontinuing the abovementioned medications.

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.

The main door at the AFC group home has a screen door that is not equipped with non-locking against egress hardware.

R 330.1806 Staffing levels and qualifications

(h) Non-aversive techniques for the prevention and treatment of challenging behavior of clients.

Staff member, Vivernell Williams-Johnson has not completed the required non-aversive technique challenging behavior training.

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 ESTABLISHED: LSR CAP APPROVED 09/13/21

The licensee designee, Gladys Sledge did not complete the required annual training hours for 2020. According to the training documentation provided, Ms. Sledge completed a total of 6 hours during the year of 2020.

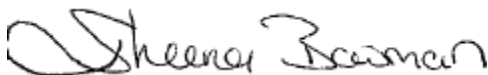
R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Staff member, Vivernell Williams-Johnson, has not completed an annual physical. The only physical that was provided for Ms. Williams-Johnson was dated 11/08/04.

IV. RECOMMENDATION

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



Sheena Bowman
Licensing Consultant

02/11/22
Date