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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 17, 2022

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

RE: License #: AS820291395

Henry's Inc. Cherry Home

**30511 Cherry** 

Romulus, MI 48174

Dear Ms. Mackie:

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,

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 #:** AS820291395

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. Cherry Home

Facility Address: 30511 Cherry

Romulus, MI 48174

**Facility Telephone #:** (313) 363-7018

Original Issuance Date: 08/29/2007

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL ALZHEIMERS

AGED

TRAUMATICALLY BRAIN INJURED

## **II. METHODS OF INSPECTION**

Date	Date of On-site Inspection(s):		02/10/2022, 02/15/2022	
Date of Bureau of Fire Services Inspection if applicable:				
Date of Health Authority Inspection if applicable:				
Inspection Type:		☐ Interview and Obs	servation	
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  O1  Role: Administrator				
	Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. Face-to-face contact was limited due to the Covid-19 pandemic in an effort 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 $\square$ No $\boxtimes$ If no, explain.			
	E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.  Water temperatures checked? Yes No No If no, explain.			
•	Incident report follow-up? Yes ⊠ No □ If no, explain.			
	Corrective action plan ∈ N/A ⊠	•		
•	Number of excluded er	nployees followed-up?	?	N/A 🗵
•	Variances? Yes ☐ (pl	ease explain) No	N/A 🖂	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Home Manager, Gladys Brooks has proof of TB tests completed on 6/23/18 and 1/26/22. Therefore, the licensee did not assure Ms. Brooks completed TB testing every 3 years as there is a 7-month delay in testing.

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.

Resident S.B did not have an annual physical completed in 2020.

# 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.

No EVENING fire drill was completed during the 2<sup>nd</sup> quarter of 2021.

This is a **REPEAT VIOLATION**; see 2018 Renewal Licensing Study Report.

### IV. RECOMMENDATION

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

Kara Robinson Date Licensing Consultant