



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 10, 2022

Karen Lothery
8120 Sirron
Detroit, MI 48234

RE: License #: AS820396869
Our Faith
8120 Sirron
Detroit, MI 48234

Dear Ms. Lothery:

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,

A handwritten signature in black ink, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #:	AS820396869
Licensee Name:	Karen Lothery
Licensee Address:	8120 Sirron Detroit, MI 48234
Licensee Telephone #:	(313) 821-0683
Licensee/Licensee Designee:	N/A
Administrator:	Karen Lothery
Name of Facility:	Our Faith
Facility Address:	8120 Sirron Detroit, MI 48234
Facility Telephone #:	(313) 304-5330
Original Issuance Date:	09/27/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/08/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 4
No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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.
Residents had lunch prior to inspection, meals were not being prepared or observed.
- 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:
CAP Dated 7/20/2020 R. 400.14301 (10) 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 400.14203 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.

At the time of inspection Karen Lothery, licensee failed to successfully complete, 16 hours of training or 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.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(a) Name, address, telephone number, and social security number.

(b) The professional or vocational license, certification, or registration number, if applicable.

(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

(d) Verification of the age requirement.

(e) Verification of experience, education, and training.

(f) Verification of reference checks.

(g) Beginning and ending dates of employment.

(h) Medical information, as required.

(i) Required verification of the receipt of personnel policies and job descriptions.

At the time of inspection, direct care staff Zora Reeves employee file was not available for review.

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.

At the time of inspection, Residents A and B resident file did not contain a completed funds and valuables part II form.

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.

At the time of inspection, emergency and evacuation procedures were not conducted during the following:

- Evening hours in the 1st, 2nd and 3rd quarter of 2021
- Sleeping hours in the 2nd quarter of 2021

R 400.14402 Food service.

(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.

At the time of inspection:

- The front right burner on the range was not operable.
- The over-the-range hood exhaust fan was not operable.

R 400.14409 Bedroom space; "usable floor space" defined.

(4) A maximum of 2 beds shall be allowed in any multioccupancy bedroom, except as provided in subrule (5) of this rule.

At the time of inspection, 3 beds were observed in the resident bedroom on the second level. This facility was licensed in 09/27/2019, subrule (5) of this rule does not apply.

IV. RECOMMENDATION

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



3/10/2022

Licensing Consultant

Date