

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 1, 2022

Ellen Lewis Reginas Home Inc P.O. Box 02369 Detroit, MI 48202

RE: License #: AL820007618

Reginas Home 139 Taylor

Detroit, MI 48202

Dear Ms. Lewis:

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: *(choose one or more)*

An on-site inspection will be conducted.

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 (313) 456-0380.

Sincerely,

Shatonla Daniel, Licensing Consultant

Sorla Daniel

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

(313) 919-3003

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

I. IDENTIFYING INFORMATION

License #: AL820007618

Licensee Name: Reginas Home Inc

Licensee Address: 139 Taylor

Detroit, MI 48202

Licensee Telephone #: (313) 268-5204

Licensee/Licensee Designee: Ellen Lewis

Administrator: Ellen Lewis

Name of Facility: Reginas Home

Facility Address: 139 Taylor

Detroit, MI 48202

Facility Telephone #: (313) 268-5204

Original Issuance Date:

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		03/30/2022	
Date of Bureau of Fire Services Inspection if applicable: 02/15/2022			
Date of Health Authority Inspection if applicable:			
Inspection Type:	☐ Interview and Obse	ervation[[⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed 2 No. of residents interviewed and/or observed 5 No. of others interviewed 1 Role: Licensee Designee			
 Medication pass / simulated pass observed? Yes ⋈ No ☐ If no, explain. Full paperwork inspection 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 ⊠ 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 c	compliance verified? Y	es 🛭 C	AP date/s and rule/s:
Number of excluded em	nployees followed-up?	N	′A ⊠
Variances? Yes ☐ (nle	ease explain) No 🗀 N	J/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15310 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.

At the time of inspection, Resident A's records reviewed showed weights were not recorded for January and February in 2022.

A corrective action plan was requested and approved on 03/30/2022. 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.

Shatonla Daniel Date
Licensing Consultant