



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 14, 2022

Kelly Devereaux  
Mentors Of Michigan, Inc.  
3812 Finch  
Troy, MI 48084

RE: License #: AS630353528  
Rougemont  
22120 Rougemont  
Southfield, MI 48033

Dear Ms. Devereaux:

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 designee 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 cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630353528
<b>Licensee Name:</b>	Mentors Of Michigan, Inc.
<b>Licensee Address:</b>	3812 Finch Troy, MI 48084
<b>Licensee Telephone #:</b>	(248) 632-3534
<b>Licensee Designee:</b>	Kelly Devereaux
<b>Name of Facility:</b>	Rougemont
<b>Facility Address:</b>	22120 Rougemont Southfield, MI 48033
<b>Facility Telephone #:</b>	(248) 595-8344
<b>Original Issuance Date:</b>	03/24/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

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

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

Date of Health Authority 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 4

No. of others interviewed N/A 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.  
Inspection did not occur during meal time
- 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:  
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:

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

During the onsite inspection, there was no physician statement on file for direct care worker, Amanda Praim, that was obtained within 30 days of her date of hire on 09/14/20.

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

During the onsite inspection, there was no verification of TB testing that was obtained prior to the date of hire for direct care worker, Amanda Praim. Date of hire: 09/14/20; TB test dated: 01/01/21

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (b) Complete an individual medication log that contains all of the following information:

	(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
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Resident A's December 2021 medication administration record (MAR) was not initialed on 12/31/21 for Vitamin D2 Cap. 5000 - take one capsule once weekly on Friday.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 03/10/20; CAP Dated: 03/06/2020**

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the period under review, a reason was not recorded for each administration of Resident B's PRNs for Acetaminophen 500mg or Ondansetron 4mg.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

Resident B received the PRN medication Acetaminophen 500mg every day for the months of December 2021 and January 2022. There was no documentation showing that a review process was initiated with the prescribing physician regarding the prolonged use of a PRN medication.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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.
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Resident A's January and February 2022 medication logs listed One Touch Test Ultra 100 ct.- use as directed for glucose testing twice daily, but it was not initialed. Staff indicated that the glucose testing was discontinued, but there was no order or written instructions in Resident A's file regarding discontinuing the glucose testing.

<b>R 400.14313</b>	<b>Resident nutrition.</b>
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.

During the onsite inspection, I noted that Resident A's health care appraisal dated 08/16/21 stated that she was on a low salt, low sugar, diabetic diet. Staff stated that Resident A was not receiving a special diet and it was unknown if she needed to have a special diet prescribed.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the onsite inspection, the water temperature was measured at 129°F. The hot water temperature was adjusted during the onsite inspection.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 03/10/20; CAP Dated: 03/06/2020**

<b>R 400.14408</b>	<b>Bedrooms generally.</b>
	(7) Bedrooms shall have at least 1 easily openable window.

During the onsite inspection, the window in bedroom #1 would not open. The windows throughout the facility were difficult to open as they were worn and had rotting wood.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 03/10/20; CAP Dated: 03/06/2020**

#### IV. RECOMMENDATION

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



03/14/2022

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Kristen Donnay  
Licensing Consultant

Date