



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 27, 2022

Renee Alford  
Real Place Inc.  
25630 W. Chicago  
Redford, MI 48239

RE: License #: AS820339020  
**Real Place**  
**30141 Rosslyn**  
**Garden City, MI 48135**

Dear Ms. Alford:

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 #:** AS820339020

**Licensee Name:** Real Place Inc.

**Licensee Address:** 25630 W. Chicago  
Redford, MI 48239

**Licensee Telephone #:** (313) 937-1664

**Licensee/Licensee Designee:** Renee Alford

**Administrator:** Renee Alford

**Name of Facility:** Real Place

**Facility Address:** 30141 Rosslyn  
Garden City, MI 48135

**Facility Telephone #:** (313) 937-1664

**Original Issuance Date:** 11/06/2013

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/26/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health 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 1  
No. of others interviewed 1 Role: Administrative Assistant

- 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.
- 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 5/19/2020 R 400.14301 (10), R 400.14312 (2), R 400.14312 (4)(b),  
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 330.1803            Facility environment; fire safety.**

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

At the time of inspection, the multi-station smoke detection system was not interconnected and audible in all areas of the home.

**R 330.1803            Facility environment; fire safety**

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the home into compliance with the physical plant standards for "impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass

Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

At the time of inspection, the annual 2020 evacuation assessments (E Scores) were not available for department review.

**R 330.1806                    Staffing levels and qualifications.**

(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all of the following areas:

(a) An introduction to community residential services and the role of direct care staff.

(b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.

(c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.

(d) Basic first aid and cardiopulmonary resuscitation

(e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.

(f) Preventing, preparing for, and responding to environmental emergencies, for example, power failures, fires, and tornados.

(g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.

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

At the time of inspection, direct care staff Shanae McGhee employee files did not contain training verification of non-aversive techniques for the prevention and treatment of challenging behavior of clients.

**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:
- (f) Verification of reference checks.

At the time of inspection, Shanae McGhee and Paris Rivers employee files did not contain verification of reference checks.

**R 400.14210          Resident register.**

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

- (a) Date of admission.
- (b) Date of discharge.
- (c) Place and address to which the resident moved, if known.

At the time of inspection, the resident register was not maintained in the home.

\*Corrected onsite; the staff retrieved a copy of the resident register from the office offsite.

**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:

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, the person who administered Resident A and B's medication on 4/25/2022 failed to initial the medication administration records (MARs) at the time the medication is given. The medications were as follows:

Resident A

NIZORAL; Ketoconazole 2% to cream apply to affected area(s) (both feet) twice daily, was not initialed on 4/25/2022 at 8:00 a.m.

HYDROCORTISONE; Hydrocortisone 2.5% to cream apply to affected areas twice daily, was not initialed on 4/25/2022 at 8:00 a.m.

COZAAR; Losartan Potassium 50MG PO TAB take 1 tablet by mouth once daily (Blood Pressure) was not initialed on 4/25/2022 at 8:00 a.m.

VITAMIN B-12 500MCG; Vitamin B-12 500MCG take 1 tablet by mouth once daily was not initialed on 4/25/2022 at 8:00 a.m.

PRISTIQ; Desevenlafaxine ER 50 MG ER TAB take 1 tablet (50 MG total) by mouth was not initialed on 4/25/2022 at 8:00 a.m.

NAMENDA; Memantine Hydrochloride 10MG PO TAB take 1 tablet by mouth twice daily was not initialed on 4/25/2022 at 8:00 a.m.

OSCAL 500+D; Calcium/Vitamin D 200Unit/500MG PO TAB take 1 tablet by mouth twice daily was not initialed on 4/25/2022 at 8:00 a.m.

Resident B

ACCUPRIL; Quinaprol Hydrochloride 20MG PO TAB take 1 tablet by mouth twice daily was not initialed on 4/25/2022 at 8:00 a.m.

OSCAL 500+D; Calcium/Vitamin D 200Unit/500MG PO TAB take 1 tablet by mouth twice daily was not initialed on 4/25/2022 at 8:00 a.m.

NexIUM; Esomeprazole Magnesium 20MG PO CAP take 1 tablet by mouth twice daily was not initialed on 4/25/2022 at 8:00 a.m.

METAMUCIL; SM Fiber Powder 27 PO PWD Dissolve 1 tablespoon (11 grams) and mix with 8 ounces of water, mix and drink by mouth twice daily as directed by physician was not initialed on 4/25/2022 at 8:00 a.m.

FLONASE; Fluticasone Propionate 50MCG/ACT NA SUSP spray into both nostrils once daily (60day supply) was not initialed on 4/25/2022 at 8:00 a.m.

VITAMIN D3; Vitamin D 3 2000Unit PO CAP take 1 capsule by mouth once daily (Supplement) was not initialed on 4/25/2022 at 8:00 a.m.



KLOR-CON M20; Potassium Chloride ER 20MG SA TAB take 1 tablet by mouth once daily was not initialed on 4/25/2022 at 8:00 a.m.

LASIX; Furosemide 40MG PO TAB take 1 tablet by mouth once daily was not initialed on 4/25/2022 at 8:00 a.m.

NORVASC; amlodipine Besylate 5MG PO TAB take 1 tablet by mouth once daily was not initialed on 4/25/2022 at 8:00 a.m.

REGLAN; Metoclopramide 10MG PO TAB take 1 tablet by mouth three times daily was not initialed on 4/25/2022 at 8:00 a.m.

**\*REPEAT VIOLATION\* LSR DATED 5/13/2020 CAP DATED 5/19/2020.**

#### **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



4/27/2022

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Denasha Walker  
Licensing Consultant

Date