

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 26, 2022

Roger Covill North-Oakland Residential Services Inc P. O. Box 216 Oxford, MI 48371

RE: License #: AS630012587

Pelton House 5260 Pelton Road Clarkston, MI 48346

Dear Mr. Covill:

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:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

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 (248) 975-5053.

Sincerely,

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems

3026 W. Grand Blvd., Ste. 9-100

Risten Doma

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

License #:	AS630012587	
Licensee Name:	North-Oakland Residential Services Inc	
Licensee Address:	106 S. Washington	
	Oxford, MI 48371	
	(0.10), 0.00, 0.00	
Licensee Telephone #:	(248) 969-2392	
Licensee Designee:	Roger Covill	
	1 toget com	
Name of Facility:	Pelton House	
Facility Address:	5260 Pelton Road	
	Clarkston, MI 48346	
Facility Telephone #:	(248) 623-7200	
Original Issuance Date:	06/02/1989	
Capacity:	6	
Program Type:	PHYSICALLY HANDICAPPED	
J 71	DEVELOPMENTALLY DISABLED	

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s	s): 05/26/2022		
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Environmental/Health Inspection if applicable: 01/19/2022				
Insp	ection Type:	☐ Interview and Observatio	n ⊠ Worksheet □ Full Fire Safety	
No.	of staff interviewed and of residents interviewed of others interviewed		2 2	
•	Medication pass / simu	ılated pass observed?Yes 🛭	☑ No ☐ If no, explain.	
•	Medication(s) and med	lication record(s) reviewed?	Yes ⊠ No □ If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.			
•	Fire drills reviewed? Y	es ⊠ No □ If no, explain.		
•	Fire safety equipment	and practices observed? Yes	s⊠ 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-u	p? Yes ⊠ No □ If no, exp	lain.	
•	N/A 🗌	compliance verified? Yes 🖂		
•	Number of excluded er	nployees followed-up?	N/A 🔀	
•	Variances? Yes ☐ (pl	lease 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.	

TB testing was not conducted every three years for staff Kelly Doner and Tammy Goodnow. The TB test results on file for Kelly Doner were dated 05/09/18 and 03/24/22. The TB test results for Tammy Goodnow were dated 09/28/16 and 10/21/21.

R 400.14403	Maintenance of premises.	
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.	

During the onsite inspection, the vents in the bathroom and hallway were rusty.

IV. RECOMMENDATION

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

Kisten Donnay	05/26/22
Kristen Donnay Licensing Consultant	Date