



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 17, 2022

Winifred Rippy
1949 Smith Ave
Ypsilanti, MI 48198

RE: License #: AF810282359
Smith Home
1949 Smith Avenue
Ypsilanti, MI 48198

Dear Ms. Rippy:

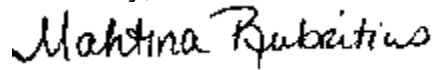
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 that reads "Mahtina Rubritius". The signature is written in a cursive style with a large initial 'M'.

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #:	AF810282359
Licensee Name:	Winifred Rippy
Licensee Address:	1949 Smith Ave Ypsilanti, MI 48198
Licensee Telephone #:	(248) 225-5060
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Smith Home
Facility Address:	1949 Smith Avenue Ypsilanti, MI 48198
Facility Telephone #:	(248) 225-5060
Original Issuance Date:	08/01/2006
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/13/2022

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 1
No. of residents interviewed and/or observed 3
No. of others interviewed 0 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.
The on-site inspection was not concurrent with the mealtimes.
- 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.
There were no incident reports submitted.
- 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:

MCL 400.734b **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency. If the department of state police or the federal bureau of investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. The adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history

record information on the individual maintained by the department of state police.

- There was no documentation that a background check was completed for the responsible person.

R 400.1408

Resident care; licensee responsibilities.

(1) A licensee shall provide basic self-care and habilitation training in accordance with the resident's written assessment plan.

- Resident A assists with household chores; however, the chores were not documented on the *AFC Assessment Plan*.

R 400.1416

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.

- There were no weight records provided to demonstrate that Resident A had been weighed each month.
- Resident B had not been weighed since January 2022.

R 400.1421

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.

- The *Resident Funds Part I* form was not completed (entirely) for Resident B.

R 400.1421

Handling of resident funds and valuables.

(6) All trust fund account transactions shall require the signature of the resident or the resident's designated representative and the licensee, or prior written approval from the resident or resident's designated representative.

- The *Resident Funds Part II* forms were not completed for Resident A and Resident B.
- During the on-site inspection, technical assistance was also provided regarding the correct processes to complete these forms.

R 400.1422

Resident records.

(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

- (i) Name.
- (ii) Social security number.
- (iii) Home address.
- (iv) Name, address, and telephone number of the next of kin or designated representative.
- (v) Name, address, and telephone number of person or agency responsible for the resident's placement in the home.
- (vi) Name, address, and telephone number of the preferred physician and hospital.

(b) Date of admission.

(c) Date of discharge and place to which resident was discharged.

(d) Health care information, including all of the following:

- (i) Health care appraisals.
- (ii) Medication logs.
- (iii) Statements and instructions for supervising prescribed medication.
- (iv) Instructions for emergency care.

(e) Resident care agreement.

(f) Assessment plan.

(g) Weight record.

(h) Incident and accident reports.

(i) Resident funds and valuables record.

(j) Resident grievances and complaint record.

- The *AFC Resident Identification* form was not completed for Resident B.

R 400.1426

Maintenance of premises.

The premises shall be maintained in a clean and safe condition.

- Technical assistance was provided regarding the house rules (locked doors).
- There were paint cans observed next to the furnace. They were removed prior to the conclusion of the on-site inspection.
- There were multiple items on the basement floor that needed to be picked up.
- The hot water temperature shall be maintained between 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet. On the date of the on-site inspection, the hot water temperature was 124.5 degrees Fahrenheit.
- During the on-site inspection, it appeared that there were gas fumes in the basement. The licensee contacted DTE. On the following day (6/14/22), I spoke with the representative from the gas company, and he reported there were no issues found during his on-site inspection.

R 400.1438

Emergency preparedness; evacuation plan; emergency transportation.

(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.

- The licensee reported to conduct fire drills; however, there were no records to demonstrate that fire drills had been completed in 2021.
- In addition, there was no documentation that any fire drills had been completed in 2022.

IV. RECOMMENDATION

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

Martina Rubritius

06/17/2022

Date

Licensing Consultant