



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 16, 2022

Brenda White
21180 Gentner
Warren, MI 48089

RE: License #: AF500286756
White-CTH
21180 Gentner
Warren, MI 48089

Dear Ms. White:

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 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 black ink, appearing to read "EJ", is positioned below the word "Sincerely,".

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AF500286756
Licensee Name:	Brenda White
Licensee Address:	21180 Gentner Warren, MI 48089
Licensee Telephone #:	(810) 774-9559
Licensee/Licensee Designee:	N/A
Administrator:	
Name of Facility:	White-CTH
Facility Address:	21180 Gentner Warren, MI 48089
Facility Telephone #:	(586) 774-9559
Original Issuance Date:	11/28/2007
Capacity:	2
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/08/2022

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 2

No. of others interviewed Role:

- 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.
- 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:

R 400.1425	Food service.
	(3) All perishable food shall be stored at such temperature as will protect against spoilage. All potentially hazardous food shall be maintained at safe temperatures (40 degrees Fahrenheit or below or 140 degrees Fahrenheit or above), except during necessary periods of preparation and service.

During the onsite inspection on 06/08/22, I did not observe any thermometers in the refrigerator or freezer. I was unable to determine if all perishable food was stored at such temperature that will protect against spoilage.

R 400.1437	Smoke detection equipment.
	(1) At least 1 single-station smoke detector shall be installed at the following locations: (b) On each occupied floor, in the basement, and in areas of the home which contain flame- or heat-producing equipment.

During the onsite inspection on 06/08/22, I did not observe a smoke in the kitchen which contains flame- or heat producing equipment.

IV. RECOMMENDATION

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



06/16/22

Eric Johnson
Licensing Consultant

Date