



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 3, 2022

Donald King  
Hope Network, S.E.  
PO Box 190179  
Burton, MI 48519

RE: License #: AS500069161  
**Silver Knoll**  
**8811 Chicago Rd**  
**Warren, MI 48093**

Dear Mr. King:

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 be the initials 'EJ'.

Eric Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
3026 W Grand Blvd.  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500069161
<b>Licensee Name:</b>	Hope Network, S.E.
<b>Licensee Address:</b>	PO Box 190179 Burton, MI 48519
<b>Licensee Telephone #:</b>	(586) 206-8869
<b>Licensee/Licensee Designee:</b>	Donald King,
<b>Administrator:</b>	
<b>Name of Facility:</b>	Silver Knoll
<b>Facility Address:</b>	8811 Chicago Rd Warren, MI 48093
<b>Facility Telephone #:</b>	(586) 979-8095
<b>Original Issuance Date:</b>	12/20/1995
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 06/02/2022

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

Date of Environmental/Health 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 0  
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 a 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. None needed.
- 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 400.14312</b>	<b>Resident medications.</b>
	<p><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></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <ul style="list-style-type: none"><li><b>(i) The medication.</b></li><li><b>(ii) The dosage.</b></li><li><b>(iii) Label instructions for use.</b></li><li><b>(iv) Time to be administered.</b></li><li><b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b></li><li><b>(vi) A resident's refusal to accept prescribed medication or procedures.</b></li></ul>

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During the onsite inspection on 06/02/22, I observed several medication errors. I reviewed Resident A's medications and medication logs. I found the following medication errors:

- Resident A's medication log for Divalproex 250MG was not initialed by staff on the following dates: 05/09, 05/26
- Resident A's medication log for Loratadine 10MG was not initialed by staff on the following dates: 05/08
- Resident A's medication log for Losartan POT TAB 50MG was not initialed by staff on the following dates: 05/08
- Resident A's medication log for Olanzapine 5MG was not initialed by staff on the following dates: 05/08, 05/09, 05/26
- Resident A's medication log for Pravastatin tab 10 MG was not initialed by staff on the following dates: 05/09, 05/26
- Resident A's medication log for Spiriva Handihaler #30 was not initialed by staff on the following dates: 05/08
- I observed that Resident A's medication Vitamin D was not listed on the Medication Administration Record (MAR). The medication label indicated the medication is to be taken once weekly.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.</b>

During the onsite inspection on 06/02/22, I observed the kitchen floor to be broken and in need of repair. The kitchen floor had several planks that were loose and or broken.

#### IV. RECOMMENDATION

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



06/03/22

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Eric Johnson  
Licensing Consultant

Date