



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 7, 2022

Kevin Hankerson  
2 Foot Prints Inc  
24106 Hickory Grove Ln  
Novi, MI 48375

RE: License #: AS820087908  
**Springhill AFC**  
**3826 Springhill**  
**Inkster, MI 48141**

Dear Mr. Hankerson:

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 "D 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**

<b>License #:</b>	AS820087908
<b>Licensee Name:</b>	2 Foot Prints Inc
<b>Licensee Address:</b>	3826 Springhill Inkster, MI 48141
<b>Licensee Telephone #:</b>	(734) 595-6744
<b>Licensee/Licensee Designee:</b>	Kevin Hankerson
<b>Administrator:</b>	Kevin Hankerson
<b>Name of Facility:</b>	Springhill AFC
<b>Facility Address:</b>	3826 Springhill Inkster, MI 48141
<b>Facility Telephone #:</b>	(734) 641-7830
<b>Original Issuance Date:</b>	11/02/1999
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/06/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 5  
No. of others interviewed 1 Role: Licensee Designee

- 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.  
The resident's meals were served prior to inspection; meal preparation/service was not observed.
- 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 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

At the time of inspection, Residents A and B assessment plans were not signed by their designated representative at the time of admission or annually from 2020 through 2022.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of inspection, Residents A and B resident care agreements were not signed by their designated representative at the time of admission or annually from 2020 through 2022.

**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, Resident A's past medication administration records reviewed did not contain the initials of the person who administered the medication.

Resident A

MIRTAZAPINE 15MG PO TAB; to be administered 1 tablet by mouth at bedtime was not initialed on 4/23/2022, 4/30/2022 or 5/7/2022.

HALOPERIDOL 10MG PO TAB; to be administered 1 tablet by mouth at bedtime was not initialed on 4/23/2022, 4/30/2022 or 5/7/2022 at 8 p.m.

QUETIAPINE FURMATE 300MG PO TAB; to be administered 1 tablet by mouth every evening was not initialed on 4/23/2022, 4/28/2022, 4/29/2022, 4/30/2022 or 5/7/2022 at 8 a.m.

QUETIAPINE FURMATE 25MG PO TAB; to be administered 1 tablet by mouth every morning was not initialed on 4/23/2022 or 5/7/2022 at 8 a.m.

CLOTRIMAZOLE 1% TO CREAM to be administered to affected area(s) Buttocks twice daily was not initialed on 4/23/2022 or 5/7/2022 at 8 a.m. or 8 p.m.

TAB-A-VITE PO TAB to be administered 1 tablet by mouth once daily was not initialed on 4/23/2022.

POLYETHYLENE GLYCOL 3350 PO PWD mix 17 grams in 8oz fluids and drink every 12 hours was not initialed on was not initialed on 4/23/2022 or 5/7/2022 at 8 a.m. or 8 p.m.

THERA-M PO TAB to be administered 1 tablet by mouth once daily was not initialed on 4/23/2022.

FOLIC ACID 1MG PO TAB to be administered 1 tablet by mouth once daily was not initialed on 4/23/2022 or 5/7/2022 at 8 a.m.

DOCUSATE SODIUM 100 MG PO CAP to be administered 1 tablet by mouth twice daily was not initialed on 4/23/2022 or 5/7/2022 at 8 a.m. or 8 p.m.

**R 400.14318                      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection, emergency and evacuation procedures were not completed during daytime, evening, and sleeping hours at least once per quarter.

Emergency, and evacuation for 7/2020 through 12/2020 were not available for department review.

There were several fire drills that did not contain the time the drill was completed or the time it took to evacuate and the following drills were not completed:

- Evening and sleep hours of the 3<sup>rd</sup> and 4<sup>th</sup> quarter in 2021.
- Sleep hours of 4<sup>th</sup> quarter of 2021.

**R 400.14401          Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

At the time of inspection, the hot water temperature throughout the home did not a range of 105 to 120 degrees Fahrenheit at the faucet:

- Kitchen, 127 degrees Fahrenheit
- Bathroom 129.2 degrees Fahrenheit

Corrected onsite; the staff turned the hot water tank down.

**R 400.14402          Food service.**

(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.

At the time of inspection, the front right burner on the range was not operable.

**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.

At the time of inspection, the concrete slab that forms the patio is cracked causing separation and not in good repair.

**R 400.14403      Maintenance of premises.**

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

At the time of inspection, the shower and bath area were not equipped with handrails.

**R 400.14403      Maintenance of premises.**

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

At the time of inspection, the handrail on the patio was not securely fastened and in need of repair.

**R 400.14507      Means of egress generally.**

(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, Resident B's bedroom door was not equipped with positive-latching.

**IV. RECOMMENDATION**

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



07/07/2022

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Denasha Walker  
Licensing Consultant

Date



