

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 22, 2022

Colling Goree Colling Homes Inc PO Box 21 Hazel Park, MI 48030

RE: License #: AS820293202

Colling Homes Inc 1 20431 Cardoni Detroit, MI 48203

Dear Ms. Goree:

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,

Shatonla Daniel, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-3003

Horla Daniel

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

I. IDENTIFYING INFORMATION

License #: AS820293202

Licensee Name: Colling Homes Inc

Licensee Address: P.O. Box 21

Hazel Park, MI 48030

Licensee Telephone #: (313) 459-9569

Licensee/Licensee Designee: Colling Goree

Administrator: Colling Goree

Name of Facility: Colling Homes Inc 1

Facility Address: 20431 Cardoni

Detroit, MI 48203

Facility Telephone #: (313) 459-9569

Original Issuance Date: 01/16/2008

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	07/22/2022	
Date of Bureau of Fire Services Inspection if applicable:			
Date of Health Authority Ins	spection if applicable:		
Inspection Type:	☐ Interview and Obs ☐ Combination	ervation 🔀 Worksheet Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Licensee Designee			
 Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. No residents reside in the facility at the inspection 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. No residents reside in the facility at the inspection 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 N/A Number of excluded er 		es ⊠ CAP date/s and rule/s:	
Variances? Yes	lease explain) No	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14301

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

- (6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:
- (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.
- (b) A description of services to be provided and the fee for the service.
- (c) A description of additional costs in addition to the basic fee that is charged.
- (d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.
- (e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.
- (f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.
- (g) An agreement by the resident to follow the house rules that are provided to him or her.
- (h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.
- (i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.
- (j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

- (k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.
- (I) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

At the time of inspection, Resident A's records reviewed did not contain a completed resident care agreement for 2021 and 2020.

IV. RECOMMENDATION

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

Shatonla Daniel	07/22/2022
Shatonla Daniel Licensing Consultant	Date