

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 22, 2022

Jacquelyn Vaughn White House Services, Inc. 5466 Greenbriar Drive West Bloomfield, MI 48323

RE: License #: AS630311938

White House Services 5466 Greenbriar Drive West Bloomfield, MI 48323

Dear Ms. Vaughn:

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 (248) 975-5053.

Sincerely,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B

51111 Woodward Avenue Pontiac, MI 48342

(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630311938

Licensee Name: White House Services, Inc.

Licensee Address: 5466 Greenbriar Drive

West Bloomfield, MI 48323

Licensee Telephone #: (248) 682-0773

Licensee/Licensee Designee: Jacquelyn Vaughn

Administrator: Jami Vaugh

Name of Facility: White House Services

Facility Address: 5466 Greenbriar Drive

West Bloomfield, MI 48323

Facility Telephone #: (248) 682-0773

Original Issuance Date: 01/24/2012

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): | | | 08/08/2022 |
|--------------------------------|--|---|-------------------------------------|
| Date | e of Bureau of Fire Ser | vices Inspection if applicable: | N/A |
| Date | e of Health Authority In | spection if applicable: | N/A |
| Insp | ection Type: | ☐ Interview and Observation☐ Combination | n ⊠ Worksheet □ Full Fire Safety |
| No. | of staff interviewed and of residents interviewe of others interviewed | | 0 0 ee and admin. |
| • | Medication pass / simi | ulated pass observed? Yes $igtigtigtigtigtigtigtigtarrow$ | No 🗌 If no, explain. |
| • | Medication(s) and med | dication record(s) reviewed? Y | es 🗵 No 🗌 If no, explain. |
| • | Yes ☑ No ☐ If no, explain. • Meal preparation / service observed? Yes ☐ No ☑ If no, explain. The inspection did not occur during a meal time. | | |
| • | Fire safety equipment | and practices observed? Yes | ⊠ No lf no, explain. |
| • | E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \) The inspection was virtual due to a COVID exposure. Incident report follow-up? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \) | | |
| • | Renewal 2020- as316 | compliance verified? Yes (1)(a), as301(6), as301(10), asmployees followed-up? | |
| • | Variances? Yes ☐ (p | olease explain) No 🗌 N/A 🔀 | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| This facility was found to be in non-compliance with the following rules: | | |
|---|--|--|
| R 400.14203 Licensee and administrator training requirements. | | |
| | (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement. | |
| | ification licensee designee Jacquelyn Vaugh or administrator Jami I at least 16 hours of approved training in 2021. | |
| R 400.14204 | Direct care staff; qualifications and training. | |
| | (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (b) First aid. (c) Cardiopulmonary resuscitation | |
| There no verification staff Mia Banks have active First Aid and CPR certification. Ms. Banks' First Aid and CPR certification expired in July 2022. | | |
| R 400.14301 | Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. | |
| | (10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless | |

| prior authorization for a substitute form has been granted, | |
|---|-----------------------------|
| | writing, by the department. |
| | |

Resident A's last health care appraisal was dated 06/10/2021. Resident B's last health care appraisal was dated 07/10/2021. There was no verification the residents had a health care appraisal in 2022.

REPEAT VIOLATION ESTABLISHED. Reference LSR 10/23/2020. CAP 11/05/2022.

| 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 license 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: (b) A description of services to be provided and the fee for the service. |

There was no amount fee for services listed on Resident A's or Resident B's resident care agreement. Instead, "WHS will bill insurance co" was listed on Resident A's agreement. "Negotiated between insurance company and WHS" was listed on Resident B's agreement.

REPEAT VIOLATION ESTABLISHED. Reference LSR 10/23/2020. CAP 11/05/2022.

| R 400.14310 | 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 was no verification Resident A was weighed monthly within the last two years. Resident A's weight chart noted "unable to weight. Resident non-weight bearing. wheelchair. Only weight at VA hosp."

| R 400.14312 | Resident medications. |
|-------------|---|
| | (4) When a licensee, administrator, or direct care staff member supervises the taking of a medication by a resident, he or she shall comply with all the following provisions:(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. |

Staff did not initial Resident A's medication administration record (MAR) at 8pm on 08/07/2022 to show Resident A was given Boost or at 8am on 08/08/2022 to show administration of any of Resident A's medications.

| (1) A licensee shall complete, and maintain in the home, 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: (vi) Name, address, and telephone number of the preferred physician and hospital. (viii) Funeral provisions and preferences. (ix) Resident's religious preference information. (b) Date of admission. |
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| |

Resident A's information and identification form was missing burial provisions, date of admission, name of physician and religion preference. Resident B's form was missing burial provision and date of admission.

REPEAT VIOLATION ESTABLISHED. Reference LSR 10/23/2020. CAP 11/05/2022.

| R 400.14511 | R 400.14511 Flame-producing equipment; enclosures. | |
|-------------|---|--|
| | (1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor. | |

There was not a door at top or bottom of basement stairwell to create floor separation.

IV. RECOMMENDATION

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

08/22/2022

DaShawnda Lindsey Licensing Consultant Date