



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 30, 2022  
Charlene McNeal  
Irvine Head Injury Home Inc  
30066 Ponds View Dr  
Franklin, MI 48025

RE: License #: AL630094857  
**Irvine Neuro Rehabilitation Center**  
**25700 Lahser**  
**Southfield, MI 48034**

Dear Mrs. McNeal:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 cursive script that reads 'Sheena Bowman'.

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

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

**I. IDENTIFYING INFORMATION**

**License #:** AL630094857

**Licensee Name:** Irvine Head Injury Home Inc

**Licensee Address:** 30066 Ponds View Dr  
Franklin, MI 48025

**Licensee Telephone #:** (248) 415-2500

**Licensee/Licensee Designee:** Charlene McNeal

**Administrator:** Artesia Washington

**Name of Facility:** Irvine Neuro Rehabilitation Center

**Facility Address:** 25700 Lahser  
Southfield, MI 48034

**Facility Telephone #:** (248) 415-2500

**Original Issuance Date:** 05/29/2002

**Capacity:** 18

**Program Type:** MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/30/2022

Date of Bureau of Fire Services Inspection if applicable: 01/20/22

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 5  
No. of residents interviewed and/or observed 3  
No. of others interviewed [redacted] 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.
- 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:  
LSR CAP Approved 9/22/20; 315(3), 205(2), 203(1), 312(4)(b)
- SI CAP Approved 9/17/20; 311(6)(d), 302(5)(a), 305(3)
- SI CAP Approved 7/22/19; 315(10)
- SI CAP Approved 6/21/19; 302(3) 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 400.15205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

Staff member Lisa Taylor was hired on 11/23/20 however; she did not receive her TB test results until 11/26/20.

**R 400.15301**      **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.**

The licensee designee, Charlene McNeal and Resident A's guardian did not sign Resident A's assessment plan for 2021.

**R 400.15301      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.

The licensee designee Charlene McNeal did not sign Resident A's resident care agreement for 2021.

**R 400.15310      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.

Resident A was missing a weight record from September 2021 through November 2021. Resident B was missing a weight record for October 2020 through December 2020, January 2021 through August 2021, and November 2021.

**R 400.15312      Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite, Resident A's morning medications for August 31, 2022, was missing. The missing medications were Risperidone, Colace, Levetiraceta, and Loratadine.

**R 400.15316      Resident records.**

(1)(a) Identifying information, including, at a minimum, all of the following:  
(vii) Medical insurance.  
(viii) Funeral provisions and preferences.

(b) Date of admission

Resident A's identification face sheet was not completed as the date of admission, medical insurance, and funeral provisions were left blank. Resident B's identification face sheet was missing his funeral provisions as well.

**R 400.15407 Bathrooms.**

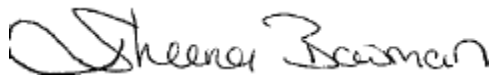
(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

Resident D's bathroom door is missing a door.

A corrective action plan was requested and approved on 08/30/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Sheena Bowman  
Licensing Consultant

08/30/22  
Date