



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 26, 2022

Deana Fisher
St. Louis Center for Exceptional Children & Adults
16195 Old US-12
Chelsea, MI 48118

RE: License #: AL810007465
K C Hall
16195 Old U S 12
Chelsea, MI 48118-9646

Dear Ms. Fisher:

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. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

A six-month provisional license is recommended. 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 blue ink that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|--|
| License #: | AL810007465 |
| Licensee Name: | St. Louis Center for Exceptional Children & Adults |
| Licensee Address: | 16195 Old US-12 Chelsea, MI 48118 |
| Licensee Telephone #: | (734) 475-8430 |
| Licensee/Licensee Designee: | Deana Fisher |
| Administrator: | Deana Fisher |
| Name of Facility: | K C Hall |
| Facility Address: | 16195 Old U S 12 Chelsea, MI 48118-9646 |
| Facility Telephone #: | (734) 475-9187 |
| Original Issuance Date: | 01/22/1990 |
| Capacity: | 13 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/21/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable: 07/08/2022

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
No residents admitted - facility is empty.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
No residents admitted - facility is empty.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. see above
- Meal preparation / service observed? Yes No If no, explain.
see above
- Fire drills reviewed? Yes No If no, explain.
see above
- Fire safety equipment and practices observed? Yes No If no, explain.
see above
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain. see above
- Water temperatures checked? Yes No If no, explain.
see above
- Incident report follow-up? Yes No If no, explain.
see above
- 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:

MCL 400.717 Provisional license.

(4) If the provisional license is issued for deficiencies in the quality of care provided in the adult foster care facility, the provisional license is not renewable. If the quality of care deficiencies are corrected and intervening deficiencies of any kind are not incurred, a regular license shall be issued.

No residents admitted – facility is empty. Unable to assess quality of care.

IV. RECOMMENDATION

An acceptable corrective action plan has been received, issuance of a provisional license is recommended.



Vanita C. Bouldin
Licensing Consultant

Date: 09/23/2022

Approved By:



Ardra Hunter
Area Manager

Date: 09/26/2022