

GRETCHEN WHITMER **GOVERNOR**

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 5, 2022

Elva Steward- Carson Berrys Afc Homes Inc 3640 McDougall Detroit, MI 48207

RE: License #: AM820010100

Berry Adult Foster Care 3640 McDougall

Detroit, MI 48207

Dear Ms. Steward- Carson:

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:

You are to submit a Statement of Correction.

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 (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

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

I. IDENTIFYING INFORMATION

License #: AM820010100

Licensee Name: Berrys Afc Homes Inc

Licensee Address: 3640 McDougall

Detroit, MI 48207

Licensee Telephone #: (313) 579-1881

Licensee/Licensee Designee: Elva Steward- Carson

Administrator: Elva Steward- Carson

Name of Facility: Berry Adult Foster Care

Facility Address: 3640 McDougall

Detroit, MI 48207

Facility Telephone #: (313) 220-7363

Original Issuance Date: 07/15/1991

Capacity: 11

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

TRAUMATICALLY BRAIN INJURED

ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site I	Inspection(s):	09/27/2022						
Date of Bureau	of Fire Services Inspection if app	plicable:						
Date of Health A	authority Inspection if applicable:							
	viewed and/or observed interviewed and/or observed erviewed Role:	1 5						
Full worksh	pass / simulated pass observed′ eet inspection s) and medication record(s) revi	? Yes ⊠ No □ If no, explain. ewed? Yes ⊠ No □ If no, explain.						
Yes ⊠ No • Meal prepare Inspection r	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. Inspection not completed during meal times. Fire drills reviewed? Yes No If no, explain.							
Fire safety 6	equipment and practices observe	ed? Yes ⊠ No □ If no, explain.						
If no, explai	viewed? (Special Certification O n. eratures checked? Yes ⊠ No	·,						
Incident rep	ort follow-up? Yes 🗵 No 🗌 If	no, explain.						
N/A [action plan compliance verified?	Yes ⊠ CAP date/s and rule/s: o? 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 400.14312 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 medication administration records reviewed showed Lorazepam 1 mg was not initialed at the 9:00pm dosage on 08/17/2022.

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

At the time of inspection, I observed several spots in the front and rear of the facility ceiling with buckling, cracking, and peeling paint.

A corrective action plan was requested and approved on 09/27/2022. 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 plar	n has b	een i	received.	Renewal	of the	license	is
recommended.	_								

Shatonla Daniel
Licensing Consultant

10/05/2022