

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 20, 2022

Larry Pruitt, Jr. LP Lighthouse LLC 25820 Southfield RD, Ste 202 Southfield, MI 48075

> RE: License #: AS820348996 Ann Marie Home 6038 Washington Romulus, MI 48174

Dear Mr. Pruitt, Jr.:

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.

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,

Regina Buchanon

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3029

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

I. IDENTIFYING INFORMATION

License #:	AS820348996
Licensee Name:	LP Lighthouse LLC
Licensee Address:	Ste 202 25820 Southfield RD Southfield, MI 48075
Licensee Telephone #:	(313) 575-3213
Licensee/Licensee Designee:	Larry Pruitt, Jr.
Administrator:	Tacia Powers-Pugh
Name of Facility:	Ann Marie Home
Facility Address:	6038 Washington Romulus, MI 48174
Facility Telephone #:	(248) 234-8533
Original Issuance Date:	04/30/2014
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	10/19/2022	
Date of Bureau of Fire Services Inspect	ion if applicable: N/A	
Date of Health Authority Inspection if ap	plicable: N/A	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role:	erved 0	
• Medication pass / simulated pass observed? Yes \boxtimes No \square 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 I If no, explain. Meal preparation / service observed? Yes No K If no, explain. Residents were not home Fire drills reviewed? Yes No I If no, explain. 		
● Fire safety equipment and practices observed? Yes ⊠ No □ If no, explain.		
 E-scores reviewed? (Special Certification Only) Yes X No X N/A If no, explain. Water temperatures checked? Yes X 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: 10/27/2020 Rules: 316(1),316(2),318(5),407(5) N/A . Number of excluded employees followed-up? 1 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 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

> (9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident A's Resident Care Agreement was not completed annually. His last Resident Care Agreement was completed 12/19/2019. There was not one on file for the years 2020 and 2021.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The hot water temperature was 132 degrees Fahrenheit.

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

The heating plant door did not latch when closed.

A corrective action plan was requested and approved on 10/19/2022. 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.

Regina Buchanon

Regina Buchanan Licensing Consultant

_10/20/2022 Date