

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 21, 2022

Kimberlee Waddell NRMI LLC 17187 N. Laurel Park Dr. Ste 160 Livonia, MI 48152

RE: License #: AS630412121

Shady Woods 2 28437 Shady Lane

Farmington Hills, MI 48336

Dear Ms. Waddell:

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,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems

3026 West Grand Blvd

Cadillac Place, Ste 9-100

Detroit, MI 48202

(248) 860-4475

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

#### I. IDENTIFYING INFORMATION

**License #:** AS630412121

Licensee Name: NRMI LLC

**Licensee Address:** 17187 N. Laurel Park Dr.

Ste 106

Livonia, MI 48152

**Licensee Telephone #:** (734) 646-4603

Licensee Designee: Kimberlee Waddell

Administrator: Gregory Rostker

Name of Facility: Shady Woods 2

Facility Address: 28437 Shady Lane

Farmington Hills, MI 48336

**Facility Telephone #:** (248) 306-0780

Original Issuance Date: 06/01/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

TRAUMATICALLY BRAIN INJURED

## **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	11/10/2022	
Date	e of Bureau of Fire Services Inspection if applicable:	N/A	
Date	e of Health Authority Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed 2 of residents interviewed and/or observed 2 of others interviewed 0 Role: N/A		
•	Medication pass / simulated pass observed? Yes ⊠ No □	If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes ⊠ N	o 🗌 If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain.  There was no meal preparation/service provided at the time of the on-site.  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire safety equipment and practices observed? Yes ⊠ No □	☐ If no, explain.	
•	E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ If no, explain.  Water temperatures checked? Yes ☒ No ☐ If no, explain.	□ N/A ⊠	
•	Incident report follow-up? Yes ⊠ No □ If no, explain.		
•	Corrective action plan compliance verified? Yes ☐ CAP date N/A ☒ Number of excluded employees followed-up? N/A ☒	e/s and rule/s:	
•	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 400.14403 Maintenance of premises.

- (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
- The toilet seat in bathroom #2 was worn.
- The Paint on the door in bathroom #2 was worn.
- The shower floor in bathroom #3 contained soap scum build-up.

### R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

The bed protector in bedroom #3 was stained.

#### IV. RECOMMENDATION

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

11/21/2022

Cindy Berry

Date

Licensing Consultant