

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 23, 2022

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

RE: License #: AS630412123

Springbrook

27555 Spring Valley

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 #: AS630412123

Licensee Name: NRMI LLC

Licensee Address: 17187 N. Laurel Park Dr.

Ste 160

Livonia, MI 48152

Licensee Telephone #: (734) 646-4603

Licensee Designee: Kimberlee Waddell

Administrator: Suzette Finney

Name of Facility: Springbrook

Facility Address: 27555 Spring Valley

Farmington Hills, MI 48336

Facility Telephone #: (248) 474-4259

Original Issuance Date: 06/01/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On	-site Inspection(s):			11/18/2022	
Date of Bu	reau of Fire Service	es Inspection if applicable:		N/A	
Date of He	alth Authority Inspe	ection if applicable:		N/A	
No. of resid	f interviewed and/or dents interviewed a ers interviewed		2 2		
• Medic	ation pass / simulat	ed pass observed? Yes	⊠ No ☐ If no	o, explain.	
• Medic	ation(s) and medica	ation record(s) reviewed?	Yes ⊠ No □	If no, explain.	
Yes ⊵ • Meal p There	Yes ☑ No ☐ If no, explain. • Meal preparation / service observed? Yes ☐ No ☑ If no, explain. There was no meal preparation/service provided at the time of the on-site.				
• Fire sa	afety equipment and	d practices observed? Ye	s⊠ No 🗌 If	no, explain.	
If no, e	If no, explain.				
• Incide	nt report follow-up?	Yes ⊠ No □ If no, exp	olain.		
	N/A 🖂	mpliance verified? Yes loyees followed-up?] CAP date/s a	and rule/s:	
Varian	ices? Yes 🗌 (plea	se explain) No 🗌 N/A 🏾	\leq		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14312 Resident medications.

- (1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
- Resident A's afternoon medication Baclofen 5 mg tab was not stored in a locked cabinet.
- Resident B's afternoon medication Methylphenidate 10 mg and 5 mg was not stored in a locked cabinet.

R 400.14403 Maintenance of premises.

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

There was quite a bit of dust build-up behind the dryer.

IV. RECOMMENDATION

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

Cindy Berry Date

Licensing Consultant