



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 10, 2023

Rhonda Cooke
42660 Judd Rd.
Belleville, MI 48111

RE: License #: AF820278362
W.A.R.M. Adult Foster Care
42660 Judd Rd.
Belleville, MI 48111

Dear Mrs. Cooke:

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 (313) 456-0380.

Sincerely,



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

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AF820278362
Licensee Name:	Rhonda Cooke
Licensee Address:	42660 Judd Rd. Belleville, MI 48111
Licensee Telephone #:	(734) 699-8582
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	W.A.R.M. Adult Foster Care
Facility Address:	42660 Judd Rd. Belleville, MI 48111
Facility Telephone #:	(734) 699-8582
Original Issuance Date:	12/22/2005
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/29/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 3

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

- Medication pass / simulated pass observed? Yes No If no, explain.
Due to COVID 19.
- 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 If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
No meals prepared/served during renewal inspection.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
No follow-up needed.
- 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:

R 400.1404

Licensee, responsible person, and member of the household; qualifications.

(5) All responsible persons and members of the household shall be of good moral character and suitable temperament to assure the welfare of residents.

Ms. Cooke added, Willow Cooke, as her responsible person. Willow Cooke will need to complete a criminal history check including fingerprint submission per state policy.

R 400.1405

Health of a licensee, responsible person, and member of the household.

(1) A licensee, responsible person, and a member of the household shall be in such physical and mental health so as not to negatively affect either the health of the resident or the quality of his or her care.

Ms. Cooke added, Willow Cooke, as her responsible person. Willow Cooke will need to complete a physical and have the information as part of the facility paperwork.

IV. RECOMMENDATION

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



Vanita C. Bouldin
Licensing Consultant

Date: 01/10/2023