

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

ORLENE HAWKS DIRECTOR

January 25, 2023

Charlotte Logan Alternative Home Care Solutions, LLC 4320 Cortland Detroit, MI 48204

#### RE: License #: AS820317743 Woodingham Manor 18461 Woodingham Detroit, MI 48221

Dear Ms. Logan:

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,

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

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

### I. IDENTIFYING INFORMATION

License #:	AS820317743
Licensee Name:	Alternative Home Care Solutions, LLC
Licensee Address:	P.O. Box 04537 Detroit, MI 48204
Licensee Telephone #:	(313) 491-5525
Licensee/Licensee Designee:	Charlotte Logan
Administrator:	Karla Bowie
Name of Facility:	Woodingham Manor
Facility Address:	18461 Woodingham Detroit, MI 48221
Facility Telephone #:	(313) 862-0564
Original Issuance Date:	07/11/2012
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS TRAUMATICALLY BRAIN INJURED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	01/24/2023	
Date of Bureau of Fire Services Inspection if ap	plicable: N/A	
Date of Health Authority Inspection if applicable	: N/A	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role: N/A	2 1	
• Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.		
Medication(s) and medication record(s) rev	iewed? Yes 🖂 No 🗌 If no, explain.	
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain.</li> <li>Meal preparation / service observed? Yes No X If no, explain. Residents had already eaten</li> <li>Fire drills reviewed? Yes No I If no, explain.</li> </ul>		
• Fire safety equipment and practices observ	ed? Yes 🖂 No 🗌 If no, explain.	
<ul> <li>E-scores reviewed? (Special Certification Only) Yes X No N/A If no, explain.</li> <li>Water temperatures checked? Yes X No If no, explain.</li> </ul>		
● Incident report follow-up? Yes ⊠ No □ I	f no, explain.	
<ul> <li>Corrective action plan compliance verified? 02/15/2021 Rules: 803 (3), 204(3), 410(2),</li> <li>Number of excluded employees followed-up</li> </ul>	511(4) 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 400.14401 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 134 degrees Fahrenheit.

R 400.14410 Bedroom furnishings.

# (2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

Two of the three bedrooms were not equipped with mirrors.

#### REPEAT VIOLATION {RENEWAL INSPECTION 02/11/2021}

#### IV. RECOMMENDATION

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

Regina Buchanon

Regina Buchanan Licensing Consultant

\_01/25/2023 Date