

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 18, 2023

Earsha Riggin 14124 Merriman Road Livonia, MI 48154

RE: License #: AS820408887

Successfully Living 821 N. Haggerty Rd Canton, MI 48187

Dear Ms. Riggin:

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,

Denasha Walker, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd

Detroit, MI 48202

(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #: AS820408887

Licensee Name: Earsha Riggin

Licensee Address: 14124 Merriman Road

Livonia, MI 48154

Licensee Telephone #: (734) 846-1519

Licensee/Licensee Designee: N/A

Administrator:

Name of Facility: Successfully Living

Facility Address: 821 N. Haggerty Rd

Canton, MI 48187

Facility Telephone #: (734) 392-7114

Original Issuance Date: 08/02/2022

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	01/17/2023
Date of Bureau of Fire Services Inspection if applicable:	
Date of Environmental/Health Inspection if applicable:	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Admi	1 4 nistrator
 Medication pass / simulated pass observed A full worksheet inspection was complete Medication(s) and medication record(s) re 	d.
 Resident funds and associated document Yes ∑ No ☐ If no, explain. Meal preparation / service observed? Ye 	
Fire drills reviewed? Yes ⊠ No ☐ If no	o, explain.
Fire safety equipment and practices observed.	rved? Yes 🗵 No 🗌 If no, explain.
 E-scores reviewed? (Special Certification If no, explain. Water temperatures checked? Yes ∑ N 	·,
Incident report follow-up? Yes ⊠ No □	If no, explain.
 Corrective action plan compliance verified N/A ⊠ Number of excluded employees followed- 	
Variances? Yes ☐ (please explain) No	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection, a record of all the emergency and evacuation practices were not maintained and available for department review.

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.

At the time of inspection, the hot water temperature for a resident's use did not range between 105 degrees to 120 degrees Fahrenheit at the faucet.

- Kitchen, 127.2 degrees Fahrenheit
- Bathroom #1 126.2 degrees Fahrenheit
- Bathroom #2 125.7 degrees Fahrenheit

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

At the time of inspection, a shower chair was observed in the bathroom without authorization, in writing, by a licensed physician.

IV. RECOMMENDATION

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

Denasha Walker Date Licensing Consultant