



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 23, 2023

Heather Rae  
Common Ground Sanctuary  
1410 South Telegraph  
Bloomfield Hills, MI 48302

RE: License #: AL630337378  
**Resource & Crisis Center**  
**Bldg. 32E**  
**1200 N. Telegraph**  
**Pontiac, MI 48341**

Dear Ms. Rae:

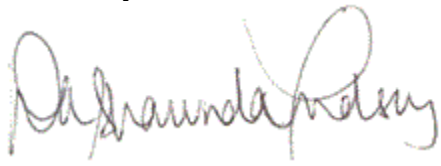
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and special certification 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,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
Detroit, MI 48202  
(248) 505-8036

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

**I. IDENTIFYING INFORMATION**

**License #:** AL630337378

**Licensee Name:** Common Ground Sanctuary

**Licensee Address:** 1410 South Telegraph  
Bloomfield Hills, MI 48302

**Licensee Telephone #:** (248) 456-8128

**Licensee/Licensee Designee:** Heather Rae

**Administrator:** Heather Rae

**Name of Facility:** Resource & Crisis Center

**Facility Address:** Bldg. 32E  
1200 N. Telegraph  
Pontiac, MI 48341

**Facility Telephone #:** (248) 456-8150

**Original Issuance Date:** 03/04/2014

**Capacity:** 16

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/22/2023

Date of Bureau of Fire Services Inspection if applicable: 09/08/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 4

No. of others interviewed 5 Role: Management

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- 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.
- 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.  
There were no incident reports that needed a follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: S803(3), al301(6), as203(1)(a), al205(4), al312(4)(c), al312(4)(a) N/A
- Number of excluded employees followed-up? 10 N/A
- Variances? Yes  (please explain) No  N/A   
al312(1)- The facility is allowed to use stock medications.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 330.1803                      Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.**

When I reviewed the fire drills conducted within the last two years, I observed the following:

- There was no verification a drill was conducted during first shift in the third quarter of 2021.
- There was no verification any drills were conducted during the fourth quarter of 2021.
- There was no verification a fire drill was conducted during second and third shift in the first quarter of 2022.
- There was no verification a fire drill was conducted during third shift in the second quarter of 2022.
- There was no verification a fire drill was conducted during the third quarter in the third quarter of 2022.
- Some of the fire drills did not have the length of evacuation.

**REPEAT VIOLATIONS ESTABLISHED.**

**Reference Licensing Study Report (LSR) date 02/11/2021. Corrective action plan (CAP) 02/24/2021.**

**R 400.15205                      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

There was no verification staff Diane Beville and Shelley Yost completed tested negative for TB within the last 3-year period.

**R 400.15312 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.

One of Resident F's medications were in a plastic sandwich bag.

**R 400.15312 Resident medications.**

(4)(b) Complete an individual medication log that contains all of the following information:

(iv) Time to be administered.

I observed the following:

- Resident A's amlodipine 5MG, aspirin 81MG, citalopram 20MG, naltrexone 50MG, quetiapine 100MG, and vitamin D3 5000unit was administered from 7am to 10am as opposed to the same hour daily.
- Resident B's bupropion hcl 150MG, buspirone hcl 10MG, hydroxyzine hcl 50MG, trazadone 50MG, Trintellix 5MG, and cyclobenzapr 10MG was administered from 7am to 10am as opposed to the same hour daily. The resident's buspirone hcl 10MG, hydroxyzine hcl 50MG, and trazadone 50MG was administered from 7pm to 10pm as opposed to the same hour daily. The resident's hydroxyzine hcl 50MG was administered from 1pm to 2pm as opposed to the same hour daily.
- Resident C's align 4MG, bupropion 200MG, escitalopram 10MG, lamotrigine 100MG, and multivitamin was administered from 7am to 10am as opposed to the same hour daily. The resident's lamotrigine 100MG was administered from 7pm to 10pm as opposed to the same hour daily.
- Resident D's benztropine 0.5MG, paliperidone 6MG, and quetiapine 25MG was administered from 7am to 10am as opposed to the same hour daily. The resident's benztropine 0.5MG, divalproex 500MG, and quetiapine 100MG was administered from 7pm to 10pm as opposed to the same hour daily.
- Resident E's methadone was administered from 7am to 10am as opposed to the same hour daily. The resident's aripiprazole 5MG, escitalopram 10MG, and trazadone 100MG was administered from 7pm to 10pm as opposed to the same hour daily.

**R 400.15318**

**Emergency preparedness; evacuation plan; emergency transportation.**

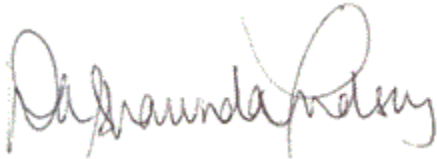
(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

When I reviewed the fire drills conducted within the last two years, I observed the following:

- There was no verification a drill was conducted during first shift in the third quarter of 2021.
- There was no verification any drills were conducted during the fourth quarter of 2021.
- There was no verification a fire drill was conducted during second and third shift in the first quarter of 2022.
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- There was no verification a fire drill was conducted during the third quarter in the third quarter of 2022.
- Some of the fire drills did not have the length of evacuation.

**IV. RECOMMENDATION**

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



02/23/2023

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DaShawnda Lindsey  
Licensing Consultant

Date