



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 6, 2023

Tamisha Turner
The Chateau Group Of Michigan LLC
Po Box 81
Walled Lake, MI 48390

RE: License #: AS630391762
Chateau Of Bloomfield
2660 Vhay Lane
Bloomfield, MI 48304

Dear Ms. Turner:

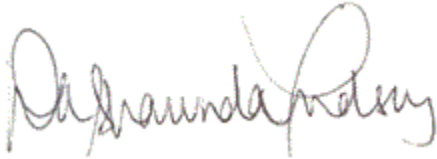
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days. Renewal of the special certification is also recommended.

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 #:	AS630391762
Licensee Name:	The Chateau Group Of Michigan LLC
Licensee Address:	Po Box 81 Walled Lake, MI 48390
Licensee Telephone #:	(248) 380-4663
Licensee/Licensee Designee:	Tamisha Turner
Administrator:	Tamisha Turner
Name of Facility:	Chateau Of Bloomfield
Facility Address:	2660 Vhay Lane Bloomfield, MI 48304
Facility Telephone #:	(248) 792-6607
Original Issuance Date:	08/01/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/01/2023

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 1

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Area Manager

- 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.
The inspection occurred during a meal time.
- 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
SI 11/29/2021- as308(1); SI 09/29/2021- as408(2), as403(2), as403(3), and
as403(5) N/A
- Number of excluded employees followed-up? 2 N/A
- Variances? Yes (please explain) No N/A
A variance is pending for rule 408(2)

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

MCL 400.734b	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

The background check for area manager Nancy Turner and home manger Thomas Bates was conducted under the Chateau of Novi's license. There was no verification a background check was conducted for them under the Chateau of Bloomfield's license.

REPEAT VIOLATION ESTABLISHED

Reference Licensing Study Report (LSR) dated 02/08/2021; CAP dated 03/03/2021.

R 330.1803	Facility environment; fire safety.
	<p>(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:</p> <p>(a) Improve the score to at least the "slow" category.</p> <p>(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.</p>

There was no verification an E-score was completed in 2021.

REPEAT VIOLATION ESTABLISHED

Reference Licensing Study Report (LSR) dated 02/08/2021; CAP dated 03/03/2021.

R 400.14205	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.

Area manager Nancy Turner had a TB test started, but it cannot be read until 02/03/2023. There was no verification she had a negative TB test within the last 3-year period.

R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

- There was a hole in the closet door in Resident A's bedroom (currently licensed as a sitting room/den). This room is adjacent to the garage.
- One of the window panels were broken out in Resident A's bedroom.

REPEAT VIOLATION ESTABLISHED

Reference Licensing Study Report (LSR) dated 02/08/2021; CAP dated 03/03/2021.

R 400.14408	Bedrooms generally.
	(2) A living room, dining room, hallway, or other room that is not ordinarily used for sleeping or a room that contains a required means of egress shall not be used for sleeping purposes by anyone.

A sitting room/den was converted into Resident A's bedroom. A variance was requested; however, prior approval from the department has not been given.

A variance request is pending. If approved, no corrective plan will be needed for this citation.

REPEAT VIOLATION ESTABLISHED

Reference Special Investigation Report (SIR) dated 12/20/2021; CAP dated 06/22/2022.

R 400.14408	Bedrooms generally.
	(5) Traffic to and from any room shall not be through a resident bedroom.

There is traffic to and from the garage through the room that Resident A sleeps in.

R 400.14408	Bedrooms generally.
	(7) Bedrooms shall have at least 1 easily openable window.

The window handle in Resident B's bedroom (identified as bedroom # 1 in the original licensing study report) was missing. The window was not openable during the inspection. There was not an openable window in Resident A's bedroom.

R 400.14503	Interior finishes and materials generally.
	(1) Interior finish materials shall be at least class C materials throughout the adult foster care small group home.

There is wallpaper in the bathroom attached to one of the resident's bedrooms. There was no verification the wallpaper was made of at least class C materials.

REPEAT VIOLATION ESTABLISHED

Reference Licensing Study Report (LSR) dated 02/08/2021; CAP dated 03/03/2021.

R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.
	(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:

	<p>(a) Between the sleeping areas and the rest of the home. In homes that have more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.</p> <p>(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.</p>
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- The smoke detector outside of all residents' bedrooms, except Resident A, were not interconnected with the other detectors.
- The smoke detector that covered the area of the laundry room and kitchen was removed.
- The smoke detectors in the room where Resident A sleeps, the garage (where the heat plant is located), and the living room did not sound when tested during the inspection.

REPEAT VIOLATION ESTABLISHED

Reference Licensing Study Report (LSR) dated 02/08/2021; CAP dated 03/03/2021.

R 400.14511	Flame-producing equipment; enclosures.
	(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

On 02/01/2023, there was a vehicle and other combustible material in the garage.

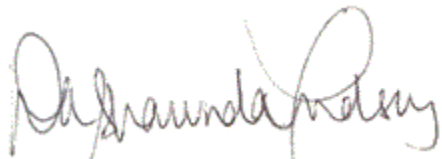
REPEAT VIOLATION ESTABLISHED

Reference Licensing Study Report (LSR) dated 02/08/2021; CAP dated 03/03/2021.

On 03/02/2023, I conducted an exit conference with licensee designee Tamisha Turner. I informed her of the findings and the recommendation.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended. Renewal of the special certification is recommended.

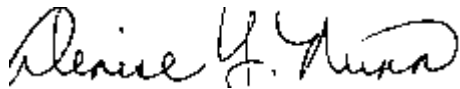


03/02/2023

DaShawnda Lindsey
Licensing Consultant

Date

Approved by:



03/06/2023

Denise Y. Nunn
Area Manager

Date