



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 29, 2023

Krystal Magee
Ability Integrated Care
5079 Hardwoods Drive
West Bloomfield, MI 48323

RE: License #: AS820409068
Ability Integrated Care
11411 Kennebec Street
Detroit, MI 48205

Dear Ms. Magee:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

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

I. IDENTIFYING INFORMATION

License #: AS820409068

Licensee Name: Ability Integrated Care

Licensee Address: 5079 Hardwoods Drive
West Bloomfield, MI 48323

Licensee Telephone #: (248) 390-0388

Licensee/Licensee Designee: Krystal Magee

Administrator: Krystal Magee

Name of Facility: Ability Integrated Care

Facility Address: 11411 Kennebec Street
Detroit, MI 48205

Facility Telephone #: (313) 355-6251

Original Issuance Date: 10/06/2022

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/28/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
No staff present at inspection
- 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 staff present at 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
806 (2), 301 (10), 301 (4), 312 (4), 318 (5) 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 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident **record**

- (d) Health care information, including all of the following:
 - (i) Health care appraisals.
 - (ii) Medication logs.
 - (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.
 - (iv) A record of physician contacts.
 - (v) Instructions for emergency care and advanced medical directives.
- (e) Resident care agreement.
- (f) Assessment plan.

At the time of inspection, Resident A's record reviewed did not contain a health care appraisal, resident care agreement, and assessment plan completed prior to facility opening.

A corrective action plan was requested and approved on 03/28/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



03/29/2023

Shatonla Daniel
Licensing Consultant

Date

