



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 23, 2023

May Kinnard
Mecca House
Suite A
53 West Huron
Pontiac, MI 48342

RE: License #: AS630078390
Berg Home
24430 Berg
Southfield, MI 48034

Dear Ms. Kinnard:

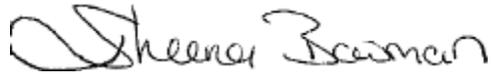
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Sheena Bowman". The signature is written in a cursive, flowing style.

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License#: AS630078390

Licensee Name: Mecca House

Licensee Address: Suite A
53 West Huron
Pontiac, MI 48342

Licensee Telephone #: (248) 335-3547

Licensee/Licensee Designee: May Kinnard

Administrator: May Kinnard

Name of Facility: Berg Home

Facility Address: 24430 Berg
Southfield, MI 48034

Facility Telephone #: (248) 304-9461

Original Issuance Date: 01/14/1998

Capacity: 6

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/23/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- 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. The Funds Part II was not completed for Resident A. The Funds Part I was not completed for Resident B.
- Meal preparation / service observed? Yes No If no, explain. It was not meal time during the onsite.
- 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 CAP Approved 03/20/20; 312(2)
- SI CAP Approved 07/24/19; 312(4) (c)
- LSR CAP Approved 03/09/21; 203(1), 316(1), 205(2), 315(3), 401(2)
- LSR CAP Approved 03/28/19; 205(6), 316(1)(e), 301(10), 301(4), 315(3), 408(4)
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 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.

The fire drills for 2021 was not provided for review. The fire drills for 2022 were not completed correctly as during each quarter there was either a fire drill missing during the evening or sleeping hours.

R 330.1803 Facility environment; fire safety.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained 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 appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

During the onsite, the 2022 E-scores were not available for review as they were not completed. The 2021 E-scores were not completed as they were missing the F-2C form.

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.

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her

designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 03/09/21

The licensee designee, May Kinnard did not obtain an annual physical for 2022 or 2021.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 03/28/19

Resident B did not receive an annual physical for 2022.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 03/28/19

Resident A was admitted on 01/09/23 however; an assessment plan was not completed for him. Resident B did not receive an annual assessment plan for 2021 or 2022.

R 400.14306 Use of assistive devices.

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

Resident A was admitted on 01/09/23. Resident A is prescribed a wheelchair and a walker. However, an assessment plan has not been completed for Resident A. Therefore, Resident A's assistive devices have not been specified in his assessment plan.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident B's weight has not been recorded since September 2022.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

During the onsite, I observed a locked medication box in the refrigerator. The home manager, Loretta Randolph stated the lock box has been in the refrigerator for three years and no one has a key for the lock box. There was still medication in the lock box for Resident P who passed away.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 03/28/19

A funds part I form has not been completed for Resident B. The funds part II form for Resident A was not completed.

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 shall include, at a minimum, all of the following information:
 - (a) Identifying information, including, at a minimum, all of the following:
 - (vi) Name, address, and telephone number of the preferred physician and hospital.
 - (viii) Funeral provisions and preferences.
 - (ix) Resident's religious preference information.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 03/09/21

The resident identification record for Resident A did not include his religious preference, or burial provisions. The resident identification for Resident B did not include his physician's information.

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.

The fire drills for 2021 was not provided for review. The fire drills for 2022 were not completed correctly as during each quarter there was either a fire drill missing during the evening or sleeping hours.

R 400.14403 Maintenance of premises.

- (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The closet door to the linen closet was observed to be falling apart as it was not on track. Resident R's bedroom closet was also observed to be off track. The toilet in the second bathroom was observed to be not operable. Resident J's bedroom window curtains were missing, and he had a sheet hanging from the window.

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 03/28/19

Resident A's bedroom door is not equipped with positive latching.

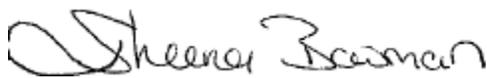
R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

The front door has a screen door that is not equipped with non-locking against egress hardware.

IV. RECOMMENDATION

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



Sheena Bowman
Licensing Consultant

02/23/23
Date