

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 10, 2023

Cheryl Davis B.C. Davis, Inc. 30040 Grandview Inkster, MI 48141

RE: License #: AS820283668

B.C. Davis, Inc. / Grandview Home

30040 Grandview Inkster, MI 48141

Dear Mrs. Davis:

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.

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,

Regina Buchanan, Licensing Consultant

Regina Buchanon

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

(313) 949-3029

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

#### I. IDENTIFYING INFORMATION

**License #:** AS820283668

Licensee Name: B.C. Davis, Inc.

**Licensee Address:** 30040 Grandview

Inkster, MI 48141

**Licensee Telephone #:** (313) 220-4577

Licensee/Licensee Designee: Cheryl Davis

Administrator: Cheryl Davis

Name of Facility: B.C. Davis, Inc. / Grandview Home

Facility Address: 30040 Grandview

Inkster, MI 48141

**Facility Telephone #:** (313) 220-4577

Original Issuance Date: 06/30/2006

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

**MENTALLY ILL** 

**AGED** 

### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	05/09/2	023
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	e of Health Authority Inspection if applicable:		N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		1 4
•	Medication pass / simulated pass observed?	Yes 🛚	No 🗌 If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	es 🗵 No 🗌 If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \) Meal preparation / service observed? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \) Residents had eaten Fire drills reviewed? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \)		
•	Fire safety equipment and practices observe	d? Yes	⊠ No  If no, explain.
	E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □	• /	
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	ain.
	Corrective action plan compliance verified? 05/11/2021 Rules: 310 (3), 401 (2) N/A Number of excluded employees followed-up?		CAP date/s and rule/s: 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.

- (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:
- (a) Improve the score to at least the "slow" category.
- (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.

An evacuation assessment was not completed on Resident A within 30 days of admission.

#### 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. The hot water temperature was above 120 degrees Fahrenheit.

## REPEAT VIOLATION {RENEWAL INSPECTION 05/11/2021}

#### IV. RECOMMENDATION

Regina Buchanon

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

\_\_\_\_\_05/10/2023

Regina Buchanan Date Licensing Consultant