

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 28, 2023

Monica Flagg Elite Alternatives, Inc. 3330 Primary Rd. Auburn Hills, MI 48326

RE: License #: AS630012646

Warick Group Home

3127 Warick

Royal Oak, MI 48073

Dear Ms. Flagg:

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,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems 3026 West Grand Blvd

Cadillac Place, Ste 9-100 Detroit, MI 48202

(248) 860-4475

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

I. IDENTIFYING INFORMATION

License #: AS630012646

Licensee Name: Elite Alternatives, Inc.

Licensee Address: 3330 Primary Rd

Auburn Hills, MI 48326

Licensee Telephone #: (248) 852-2065

Licensee Designee: Monica Flagg

Administrator: Monica Flagg

Name of Facility: Warick Group Home

Facility Address: 3127 Warick

Royal Oak, MI 48073

Facility Telephone #: (248) 288-6902

Original Issuance Date: 09/05/1990

Capacity: 2

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	03/27/2023
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 No. of residents interviewed and/or observed No. of others interviewed 0 Role: N/A	
Medication pass / simulated pass observed? Yes ⊠ No □	If no, explain.
Medication(s) and medication record(s) reviewed? Yes ⊠ N	lo ☐ If no, explain.
 Resident funds and associated documents reviewed for at lead Yes No If no, explain. Meal preparation / service observed? Yes No If no, explain No If no, explain No If no, explain No If no, explain No If no, explain. 	xplain.
Fire safety equipment and practices observed? Yes ⊠ No [☐ If no, explain.
 E-scores reviewed? (Special Certification Only) Yes ⋈ No [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 requiring follow-up. Corrective action plan compliance verified? Yes ☐ CAP date N/A ☒ 	te/s and rule/s:
 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 400.14301

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.

There were no 2022 assessment plans contained in Resident A or Resident B's resident file.

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 dishwasher handle was cracked.
- The carpeting throughout the home is very worn and tattered is areas.

IV. RECOMMENDATION

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

Cindy Berry Date Licensing Consultant