



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 31, 2023

Charlene McNeal  
Irvine Head Injury Home Inc  
30066 Ponds View Dr  
Franklin, MI 48025

RE: License #: AS630012783  
**Irvine Head Injury Home**  
**13531 Irvine**  
**Oak Park, MI 48237**

Dear Mrs. McNeal:

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,

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
Detroit, MI 48202  
(248) 505-8036

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630012783
<b>Licensee Name:</b>	Irvine Head Injury Home Inc
<b>Licensee Address:</b>	30066 Ponds View Dr Franklin, MI 48025
<b>Licensee Telephone #:</b>	(248) 415-2500
<b>Licensee/Licensee Designee:</b>	Charlene McNeal
<b>Administrator:</b>	Charlene McNeal
<b>Name of Facility:</b>	Irvine Head Injury Home
<b>Facility Address:</b>	13531 Irvine Oak Park, MI 48237
<b>Facility Telephone #:</b>	(248) 542-4423
<b>Original Issuance Date:</b>	12/30/1992
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/24/2023

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: Licensee designee

- 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 did not occur 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.  
There were no incident reports that needed a follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
Renewal 2021- as205(5)(6), as315(6), as312(2), as203(1), as315(3),  
as204(3)(b)(c), asec734(2)(b), as312(4)(b)(c), as318(5), as301(4)(9), as316(1)  
N/A
- Number of excluded employees followed-up? 3 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:

**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.**

Staff Torri Grubbs and staff Aidesha Wallace were fingerprinted under the Irvine Neuro Rehab Center license and not the Irvine Head Injury Home license.

**REPEATED VIOLATION ESTABLISHED. Reference LSR 06/09/2021, CAP 06/23/2021.**

**R 400.14203 Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

There was no verification licensee designee Charlene McNeal or licensee designee Artesia Washington completed at least 16 training hours in 2021.

**REPEATED VIOLATION ESTABLISHED. Reference LSR 06/09/2021, CAP 06/23/2021.**

**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.**

Per Resident A's Resident Funds Part II form, Resident A has \$194.62. However, Resident only had \$194.55 in the facility. Additionally, the form was not completed accurately. All transactions were not calculated.

**REPEATED VIOLATION ESTABLISHED. Reference LSR 06/09/2021, CAP 06/23/2021.**

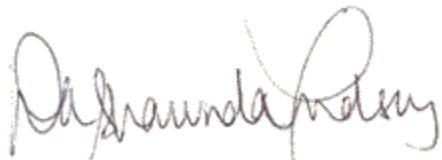
**R 400.14407 Bathrooms.**

**(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.**

The main bathroom door was 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.



05/31/2023

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Date

Licensing Consultant