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# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 7, 2023

Keith Higdon Coffer's Housing Solutions INC 14821 Mettetal St Detroit, MI 48227

RE: License #: AS820366663

**Coffer's Housing Solutions** 

14821 Mettetal St. Detroit, MI 48227

# Dear Mr. Higdon:

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 (313) 456-0380.

Sincerely,

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems

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

Regina Buchanon

(313) 949-3029

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

#### I. IDENTIFYING INFORMATION

**License #:** AS820366663

Licensee Name: Coffer's Housing Solutions INC

**Licensee Address:** 14821 Mettetal St

Detroit, MI 48227

**Licensee Telephone #:** (313) 320-2646

Licensee/Licensee Designee: Keith Higdon

Administrator: Keith Higdon

Name of Facility: Coffer's Housing Solutions

**Facility Address:** 14821 Mettetal St.

Detroit, MI 48227

**Facility Telephone #:** (313) 739-6964

Original Issuance Date: 10/06/2015

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	06/06/2	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 3
•	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 $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain.  Residents had already eaten  Fire drills reviewed? Yes $\boxtimes$ No $\square$ 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? 06/10/2021: Rule 505(6) 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:

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, Brandi Barnes, did not have on file verification of a criminal clearance being completed through the Michigan Works Background Check system.

### REPEAT VIOLATION {RENEWAL INSPECTION 11/20/2020}

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.
- (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The licensee designee failed to complete the required amount of annual training hours.

# REPEAT VIOLATION {RENEWAL INSPECTION 11/20/2020}

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.

Resident A did not have an annual health care appraisal completed for the year 2023. Her last health care appraisal was completed 03/01/2022.

# REPEAT VIOLATION {RENEWAL INSPECTION 11/20/2020}

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.

Resident A's Assessment Plan was not completed at admission. She was admitted on 01/01/2023 and her assessment plan was completed on 01/03/2023.

# **REPEAT VIOLATION (RENEWAL INSPECTION 11/20/2020)**

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 138 degrees Fahrenheit.

#### REPEAT VIOLATION {RENEWAL INSPECTION 11/20/2020}

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 balcony attached to Resident A's bedroom had debris and items stored on it.

The door in Resident A's bedroom that led to the balcony was covered with a blanket to prevent air draft from outside due to the door not being properly fitted to the frame.

R 400.14506 Fire extinguishers; location, examination, and maintenance.

(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.

The fire extinguishers were last serviced in April 2022.

# **REPEAT VIOLATION (RENEWAL INSPECTION 11/20/2020)**

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 was equipped with locking against egress hardware. There was a chain lock installed at the top of the door.

#### **REPEAT VIOLATION (RENEWAL INSPECTION 11/20/2020)**

#### IV. RECOMMENDATION

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

Regina Buchanan Date
Licensing Consultant