

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 16, 2023

Bethany Mays Resident Advancement, Inc. PO Box 555 Fenton, MI 48430

RE: License #: AS250285695

Lin-Hill

6104 Linden

Swartz Creek, MI 48473

Dear Ms. Mays:

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: *(choose one or more)*

- You are to submit documentation of compliance.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification are renewed. It is valid only at your present address and is nontransferable.

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 (517) 643-7960.

Sincerely,

Christopher Holvey, Licensing Consultant Bureau of Community and Health Systems

Christolin A. Holvey

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 899-5659

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AS250285695

Licensee Name: Resident Advancement, Inc.

Licensee Address: 411 S. Leroy, PO Box 555

Fenton, MI 48430

Licensee Telephone #: (810) 750-0382

Licensee Designee: Bethany Mays

Administrator: Danielle Stevenson

Name of Facility: Lin-Hill

Facility Address: 6104 Linden

Swartz Creek, MI 48473

Facility Telephone #: (810) 655-6731

Original Issuance Date: 11/22/2006

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Special Certification: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Dat	e of On-site Inspection(s):	06/15/2023	
Dat	e of Bureau of Fire Services Inspection if applicable:	N/A	
Dat	e of Health Authority Inspection if applicable:	04/02/2023	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:	3 6	
•	Medication pass / simulated pass observed? Yes ⊠	No 🔲 If no, explain.	
•	Medication(s) and medication record(s) reviewed? Y	es ⊠ 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 No If no, explain. Home was viewed to have an adequate supply of food. 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 If no, explain. Water temperatures checked? Yes \boxtimes No \square If no,		
•	Incident report follow-up? Yes ⊠ No ☐ If no, expla	ain.	
•	Corrective action plan compliance verified? Yes S 6/17/21, 312 (2), 312 (4), 403 (1), 403 (6), 511 (1) 5/15/23, 315 (10) N/A Number of excluded employees followed-up?	CAP date/s and rule/s: N/A ⊠	
•	Variances? Yes ☐ (nlease explain) No ☐ N/A ☒		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14403 Maintenance of premises.

(10) Scatter or throw rugs on hard finished floors shall have a nonskid backing.

One area rug located in a resident's bedroom did not have nonskid backing. The corner of the rug was raised, causing a tripping hazard.

A corrective action plan was requested and approved on 06/15/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

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

Christopher Holvey

Christopher Holvey

Date

Licensing Consultant