



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 15, 2023
Gladys Sledge
Packard Group Inc
PO Box 2066
Southfield, MI 48037

RE: License #: AS630384567
Hollow Lake Home
10658 Big Lake Road
Davisburg, MI 48350

Dear Ms. Sledge:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #: AS630384567

Licensee Name: Packard Group Inc

Licensee Address: Suite 303
731 Pallister Street
Detroit, MI 48202

Licensee Telephone #: (248) 626-3837

Licensee/Licensee Designee: Gladys Sledge

Administrator: Gladys Sledge

Name of Facility: Hollow Lake Home

Facility Address: 10658 Big Lake Road
Davisburg, MI 48350

Facility Telephone #: (313) 872-7826

Original Issuance Date: 12/20/2016

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/14/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 02/14/23

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] Role: [redacted]

- 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.
Meal preparation was not observed.
- 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
SI CAP Approved 04/29/22; 306(1)
- LSR CAP Approved 06/22/21; 316(1), 301(6)(b), 301(10), 310(3), 203(1), 205(2),
204(3)(a) N/A
- 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 400.14203 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.

REPEAT VIOLATION ESTABLISHED CAP APPROVED; 06/22/21

The licensee designee Gladys Sledge, did not complete 16 hours of training in 2021.

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 B is his own guardian, and he did not sign his 2021 or 2022 assessment plan. Resident A's guardian signed Resident A's 2022 assessment plan with a 2021 date.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

Resident A and Resident B's initial resident care agreement were completed late as they were not signed at the time of admission. Resident A and Resident B were admitted on 06/02/21. Resident A's resident care agreement was signed by his guardian on 06/19/21 and by the licensee designee on 06/12/21. Resident B did not sign his 2021 resident care agreement and; the licensee designee signed his resident care agreement on 06/12/21.

R 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

Resident A was administered Clonazepam 1 mg as a PRN on 06/07/23, 06/08/23, 06/09/23, and 06/10/23 however; the reason for each administration was not documented.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least

once per quarter. A record of the practices shall be maintained and be available for department review.

During the first quarter in 2022 there was no time listed for the February fire drill.

R 330.1803 Facility environment; fire safety

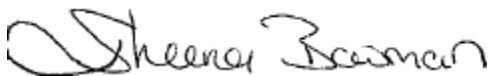
(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

During the first quarter in 2022 there was no time listed for the February fire drill.

A corrective action plan was requested and approved on 06/14/2023. 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 is recommended.



Sheena Bowman
Licensing Consultant

_____ 06/15/23
Date