



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 26, 2023

Vonda Willey  
Blue Water Developmental Housing, Inc.  
1600 Gratiot, Ste 1  
Marysville, MI 48040

RE: License #: AS500401828  
**Pound Road**  
**36442 Pound Road**  
**Richmond, MI 48062**

Dear Ms. Willey:

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,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500401828
<b>Licensee Name:</b>	Blue Water Developmental Housing, Inc.
<b>Licensee Address:</b>	Ste 1 1600 Gratiot Marysville, MI 48040
<b>Licensee Telephone #:</b>	(810) 388-1200
<b>Licensee/Licensee Designee:</b>	Vonda Willey
<b>Administrator:</b>	Vonda Willey
<b>Name of Facility:</b>	Pound Road
<b>Facility Address:</b>	36442 Pound Road Richmond, MI 48062
<b>Facility Telephone #:</b>	(586) 727-4737
<b>Original Issuance Date:</b>	01/27/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/24/2023

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 3

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with home manager.
- 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.
- 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:  
CAP date 08/06/2021- AS205(3)(6), AS208(1)(f), AS402(3), AS403(1), AS407(3),  
AS408(3) 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:

<p><b>R 330.1803</b></p>	<p><b>Facility environment; fire safety.</b></p>
	<p><b>(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:</b></p> <p><b>(a) Improve the score to at least the "slow" category.</b></p> <p><b>(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.</b></p>
<p>Resident A was admitted to the home on 03/04/2023. The home did not have copy of evacuation assessment completed upon Resident A's admission to the home in March 2023. Resident B was admitted to the home on 05/16/2023. The dates on the March 2023 evacuation assessment were changed to May 2023.</p>	
<p><b>R 400.14301</b></p>	<p><b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b></p>
	<p><b>(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</b></p>

	<p><b>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.</b></p>
<p>Resident A was admitted to the home on 03/04/2023. Resident A's health care appraisal was not completed until 03/24/2023. Resident B did not have a health care appraisal completed on department form.</p>	
<p><b>R 400.14301</b></p>	<p><b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b></p>
	<p>(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. A resident care agreement shall include all of the following:</p> <ul style="list-style-type: none"> <li>(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.</li> <li>(b) A description of services to be provided and the fee for the service.</li> <li>(c) A description of additional costs in addition to the basic fee that is charged.</li> <li>(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.</li> <li>(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.</li> <li>(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.</li> <li>(g) An agreement by the resident to follow the house rules that are provided to him or her.</li> </ul>

	<p>(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.</p> <p>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</p> <p>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</p> <p>(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.</p> <p>(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.</p>
Resident A was admitted to the home on 03/04/2023. Resident A's resident care agreement was not signed by licensee until 07/18/2023. Resident B's resident care agreement was signed; however, information was not completed on form.	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.
Resident A's use of gait belt was not listed in assessment plan. Resident A's use of helmet was not listed in assessment plan.	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.
Resident A did not have physician authorization on file for use of gait belt.	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>

Resident B's July 2023 medication log was missing staff initials for the following medications:

- Hydroxyzine HCL 50 mg Tab (4PM)- 07/02
- Benzotropine Mes 1 Mg Tab (5PM)- 07/19
- Lamotrigine 150 Mg Tablet (4PM)- 07/02-07/07, 07/09-07/12, 07/16-07/24
- Lamotrigine 150 Mg Tablet (8PM)- 07/17-07/19, 07/23-07/24
- Clonidine HCL 0.1 MG Tab (11AM)- 07/04, 07/08-07/09, 07/12-07/14, 07/16-07/18
- Clonidine HCL 0.1 MG Tab (2 PM)- 07/04, 07/08-07/09, 07/12-07/14, 07/16-07/18
- Clonidine HCL 0.1 MG Tab (3:30PM)- 07/17-07/18
- Clonidine HCL 0.1 MG Tab (5PM)- 07/17-07/18
- Clonidine HCL 0.1 MG Tab (8PM)- 07/17-07/18
- Clonidine HCL 0.1 MG Tab (12AM)-07/03-07/09, 07/11-07/13, 07/15-07/18
- Olanzapine 15 MG Tab- 07/17-07/19
- Desmopressin Acetate 0.2- 07/17-07/19
- Polyethylene Glycol 3350- 07/4, 07/17-07/19

In addition, Resident B's medication log did not consistently document dates of hospitalization.

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(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.
Resident A and Resident B did not have Funds Part 1 forms completed.	
<b>R 400.14316</b>	<b>Resident records.</b>
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: <ul style="list-style-type: none"> <li>(a) Identifying information, including, at a minimum, all of the following: <ul style="list-style-type: none"> <li>(i) Name.</li> <li>(ii) Social security number, date of birth, case number, and marital status.</li> <li>(iii) Former address.</li> <li>(iv) Name, address, and telephone number of the next of kin or the designated representative.</li> <li>(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.</li> </ul> </li> </ul>



	(vi) Name, address, and telephone number of the preferred physician and hospital. (vii) Medical insurance. (viii) Funeral provisions and preferences. (ix) Resident's religious preference information.
Resident A and Resident B did not have resident information records completed.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.
During the onsite investigation, I observed water on the basement floor.	

#### IV. RECOMMENDATION

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

*Kristine Cilluffo*

07/26/2023

\_\_\_\_\_  
Licensing Consultant

\_\_\_\_\_  
Date