

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 22, 2023

Ronda Freeman-McDonald Altum Care Homes, LLC 23408 Plum Hollow Southfield, MI 48033

> RE: License #: AS630410805 Sandy Lane 29475 Briarbank Southfield, MI 48034

Dear Ms. Freeman-McDonald:

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,

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Cindy Berry, Licensing Consultant Bureau of Community and Health Systems 3026 West Grand Blvd Cadillac Place, Ste 9-100 Detroit, MI 48202 (248) 860-4475

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

# I. IDENTIFYING INFORMATION

License #:	AS630410805	
Licensee Name:	Altum Care Homes, LLC	
Licensee Address:	23408 Plum Hollow Southfield, MI 48033	
Licensee Telephone #:	(313) 377-3776	
Licensee Designee:	Ronda Freeman-McDonald	
Administrator:	Rhonda Freeman-McDonald	
Name of Facility:	Sandy Lane	
Facility Address:	29475 Briarbank Southfield, MI 48034	
Facility Telephone #:	(313) 377-3776	
Original Issuance Date:	09/29/2022	
Capacity:	4	
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED	

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	03/09/2023	
Date	e of Bureau of Fire Services Inspection if applicable:	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 0	
•	Medication pass / simulated pass observed? Yes $\boxtimes$	No 🗌 If no, explain.	
•	<ul> <li>Medication(s) and medication record(s) reviewed? Yes X No I If no, explain.</li> </ul>		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain.</li> <li>Meal preparation / service observed? Yes No I If no, explain. There was no meal preparation/service provided at the time the on-site was conducted.</li> <li>Fire drills reviewed? Yes No I If no, explain.</li> </ul>			
•	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 🛛 No 🗌 If no, e		
•	Incident report follow-up? Yes 🛛 No 🗌 If no, explai	n.	
	Corrective action plan compliance verified? Yes ☐ C N/A ⊠ Number of excluded employees followed-up? N	CAP date/s and rule/s: J/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 330.1803 Facility environment; fire safety.

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

The inter-connected smoke detection system was not working properly at the time the on-site inspection was conducted.

#### 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.

There was a slow drain in the bathroom near the office.

#### R 400.14407 Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, nonlocking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors. The full bathroom near the resident bedrooms was not equipped with positivelatching, non-locking-against-egress hardware.

#### 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 exit door at the back of the home was not equipped with positive-latching, non-locking-against-egress hardware.

## IV. RECOMMENDATION

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

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05/22/2023

Cindy Berry Licensing Consultant Date