



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 24, 2022

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

RE: License #: AS250010859  
**Atlas Park**  
**2099 Atlas Road**  
**Davison, MI 48423**

Dear Ms. Mays:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250010859

**Licensee Name:** Resident Advancement, Inc.

**Licensee Address:** 411 S. Leroy, PO Box 555  
Fenton, MI 48430

**Licensee Telephone #:** (810) 750-0382

**Licensee/Licensee Designee:** Bethany Mays

**Administrator:** Gloria Stogsdill

**Name of Facility:** Atlas Park

**Facility Address:** 2099 Atlas Road  
Davison, MI 48423

**Facility Telephone #:** (810) 653-6529

**Original Issuance Date:** 12/29/1989

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection: 10/18/2022

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

Date of Health Authority Inspection: 7/13/2022

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Company staff

- 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.  
Inspection did not occur during meal preparation/service
- 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:  
5/11/22: as312(3), as301(4), as303(2), as312(2)
- 09/20/2022: as305(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:

**R 400.14208 Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.**

Valid driver's license not on file for Direct Care Workers R. Edwards and B. Smith.

**R 400.14208 Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(d) Verification of the age requirement.**

Could not verify age requirement for Direct Care Workers R. Edwards and B. Smith without valid driver's license.

**R 400.14208 Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(e) Verification of experience, education, and training.**

No verification of education on file for Direct Care Worker R. Edwards.

**R 400.14316 Resident records.**

**(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:**

**(a) Identifying information, including, at a minimum, all of the following:**

**(viii) Funeral provisions and preferences.**

**(ix) Resident's religious preference information.**

Resident record did not include all identifying information to include funeral provisions, religious preference.

**R 400.14401      Environmental health.**

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

Window in resident room did not have a screen.

**IV. RECOMMENDATION**

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



10/24/2022

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Derrick Britton  
Licensing Consultant

Date