

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

MARLON I. BROWN, DPA ACTING DIRECTOR

October 4, 2023

Roger Covill North-Oakland Residential Services Inc P. O. Box 216 Oxford, MI 48371

> RE: License #: AS630012424 Davison Lake House 881 W. Davison Lake Rd. Oxford Township, MI 48371

Dear Roger Covill:

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:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

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,

Kisten Donna

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd. Ste 9-100 Detroit, MI 48202 (248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630012424
Licensee Name:	North-Oakland Residential Services Inc
Licensee Address:	106 S. Washington
	Oxford, MI 48371
Licensee Telephone #:	(248) 969-2392
Licensee Designee:	Roger Covill
Nome of Essility	Davisan Laka Hayaa
Name of Facility:	Davison Lake House
Facility Address:	881 W. Davison Lake Rd.
	Oxford Township, MI 48371
Facility Telephone #:	(248) 628-4570
Original Issuance Date:	12/02/1985
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/04/2023

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

Date of Environmental/Health Inspection if applicable: 06/21/2023

No. of staff interviewed and/or	r observed	2
No. of residents interviewed a	and/or observed	4
No. of others interviewed	1 Role: Lic. Designee	

- Medication pass / simulated pass observed? Yes \boxtimes No \square 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.
- Fire drills reviewed? Yes 🛛 No 🗌 If no, explain.
- Fire safety equipment and practices observed? Yes \boxtimes No \square 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:
 N/A □
- Number of excluded employees followed-up? N/A \square
- 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 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

During the onsite inspection, Resident R's file did not contain two years of weight records. There were no weight records available from January-September 2022.

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: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Resident R's October 2023 Medication Administration Record (MAR) had an error regarding the time to be administered for Trazadone 50mg. The prescription indicated take two tablets by mouth at bedtime, but the MAR listed 6:00am and 8:00pm as the times to be administered. Staff initialed that they passed the 6:00am dose from 10/01/23-10/04/23 even though the medication was not passed.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 10/05/2021; CAP Dated: 10/05/21

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.

During the onsite inspection:

- The wooden doors, doorframes, and molding were damaged and splintering throughout the home.
- The floor was scratched and damaged in the front room.
- The linen closet did not have doors.
- There was a gap in the weatherstripping on the front door.
- The bathtub in the back bathroom was rust stained and the drain was damaged.
- The exterior doorframes were worn and need to be repainted.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 10/05/2021; CAP Dated: 10/05/21

R 400.14410	Bedroom furnishings.
	(1) The bedroom furnishings in each bedroom shall include all of the following:(d) At least 1 chair.

During the onsite inspection, there was no chair in bedroom #1 or #2.

A corrective action plan was requested and approved on 10/04/2023. 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.

Kisten Donna

10/04/2023

Kristen Donnay Licensing Consultant

Date