



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN  
ACTING  
DIRECTOR

October 6, 2023

Julie Wiley  
23845 Lee Baker Drive  
Southfield, MI 48075

RE: License #: AS630086106  
**L & W Adult Foster Care Home**  
**23845 Lee Baker**  
**Southfield, MI 48075**  
**AMENDED REPORT**  
**Original Report dated**  
**May 10, 2023**

Dear Ms. Wiley:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems Cadillac Place  
3026 W Grand Blvd, Suite 9-100  
Detroit, MI 48202  
(248) 302-2409

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630086106
<b>Licensee Name:</b>	Julie Wiley
<b>Licensee Address:</b>	23845 Lee Baker Drive Southfield, MI 48075
<b>Licensee Telephone #:</b>	(313) 790-4327
<b>Administrator:</b>	Julie Wiley
<b>Name of Facility:</b>	L & W Adult Foster Care Home
<b>Facility Address:</b>	23845 Lee Baker Southfield, MI 48075
<b>Facility Telephone #:</b>	(248) 355-2294
<b>Original Issuance Date:</b>	09/28/1999
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/09/2023

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 5

No. of others interviewed 1 Role: Licensee

- 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.  
Renewal inspection was not completed during meal time.
- 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.  
There were no incident reports to follow up on.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
R 400. 14203(1)(a), R 400. 14205(3), R 400. 14205(6), R 400. 14209(1)( e), R  
400. 14301 (4), R 400. 14301(9), R 400. 14306 (2), R 400 14306(3), R 400.  
14312(1), R 400. 14312 (4)(a) & R 400. 14312 (4)(c ) 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:	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.

During the onsite inspection completed on 05/09/23, licensee Julie Wiley stated Resident R and Resident P's needs have changed and both residents now require the use of a wheelchair. The L & W Adult Foster Care Home is not wheelchair accessible as it does not have two approved means of egress from the first floor.

<b>R 400.14310</b>	<b>Resident health care.</b>
	(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 completed on 05/09/23, there were no weights on file for Resident R. Licensee, Julie Wiley stated Resident R uses a wheelchair. The home does not have a wheelchair accessible scale. Resident R is unable to stand on an average scale and be weighed.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

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During the onsite inspection completed on 05/09/23, I observed that Resident K is prescribed 1 tablet of Ferrous Sulfate 325 mg, daily. From 05/01/23 – 05/09/23 Resident K was given 2 tablets of Ferrous Sulfate 325 mg, daily.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 11/02/2022; CAP dated 11/22/2022.**

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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.

During the onsite inspection completed on 05/09/23, I observed that Resident K is prescribed Albuterol 90 Mcg Inhaler – inhale two puffs into lungs every 6 hours as need for shortness of breath. Per Resident K’s Medication Administration Record (MAR) this medication was administered to him on the following dates: 3/4/23, 3/7/23, 3/11/23, 3/12/23, 3/12/23, 3/14/23, 3/15/23, 3/16/23, 3/20/23, 3/21/23, 3/23/23, 3/27/23, 3/28/23, 3/29/23, and 3/30/23. The reason for each administration of medication was not recorded.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 11/02/2022; CAP dated 11/22/2022 and Renewal Licensing Study Report dated 11/12/2020; CAP dated 11/13/2020.**

<b>R 400.14312</b>	<b>Resident medications.</b>
	(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.

Resident K and Resident P are both prescribed Albuterol inhalers (take as needed.) During the onsite inspection completed on 05/09/23, I observed Resident P’s inhaler was being stored in Resident K’s medication box. Therefore, reasonable precautions to insure that a medication is not used by a resident for whom the medication was prescribed was not taken.

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<b>R 400.14509</b>	<b>Means of egress; wheelchairs.</b>
	(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.

Resident R and Resident P require the use of a wheelchair. During the onsite inspection completed on 05/09/23, I observed that the L & W Adult Foster Care home is not equipped with ramps that are located at 2 approved means of egress from the first floor. The home has one ramp located off the front door of the home.

On 05/09/2023, I conducted an exit conference onsite with licensee Julie Wiley regarding my findings. On 05/10/2023, I called Ms. Wiley via telephone to conduct a second exit conference regarding my recommendation. There was no answer. I left a detailed voicemail regarding my recommendation of refusal to renew.

**IV. RECOMMENDATION**

Refusal to renew the license is recommended.



05/10/2023

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Johnna Cade  
Licensing Consultant

Date

Approved by:



5/10/2023

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Denise Y. Nunn  
Area Manager

## AMENDED REPORT

### Purpose:

The purpose of this amended report is to change the recommendation from refusal to renew to requesting a corrective action plan (CAP) to address the violations cited in this report. A compliance conference was held on 08/30/2023 at which time, Mrs. Wiley demonstrated that several improvements and acceptable changes were made to address the violations cited in this report. A settlement agreement was signed by the licensee, Julie Wiley on 09/05/2023. The settlement agreement indicated Mrs. Wiley is not admitting the truth of the allegations but is agreeing that the Bureau may treat the allegations as true for the purpose of resolution of the notice of intent to Refuse to Renew and any further administrative or disciplinary matters concerning Ms. Wiley's adult foster care small group home license.

Attached is the amended 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 and a date.

### Methodology:

05/23/2023	Notice of Intent – Served
07/12/2023	Comment Re notice of CC sent
08/30/2023	DU-Compliance Conference Held
08/31/2023	Comment Settlement agreement and request for hearing submitted to Licensee via email.

**RECOMMENDATION**

Upon submission of an acceptable corrective action plan, I recommend issuance of a 2- year regular adult foster care license.



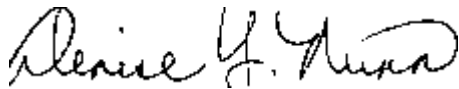
09/27/2023

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Johnna Cade  
Licensing Consultant

Date

Approved by:



10/6/2023

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Denise Y. Nunn  
Area Manager