

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

MARLON I. BROWN, DPA ACTING DIRECTOR

October 17, 2023

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

> RE: License #: AS630073295 Barr Road Ais Home 1967 Barr Road Oxford, 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,

Visten 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 #:	AS630073295
Licensee Name:	North-Oakland Residential Services Inc
Licensee Address:	106 S. Washington
	Oxford, MI 48371
Licensee Telephone #:	(248) 969-2392
Licensee Designee:	Roger Covill
Name of Facility:	Barr Road Ais Home
Facility Address:	1967 Barr Road
	Oxford, MI 48371
Facility Telephone #:	(248) 693-0447
· · ·	
Original Issuance Date:	11/12/1996
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/17/2023

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

Date of Environmental/Health Inspection if applicable: 07/10/2023

No. of staff interviewed and/or observed	3
No. of residents interviewed and/or observed	4
No. of others interviewed 1 Role: Lic. Design	nee

- 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 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

During the period under review, direct care worker, Amanda Stemmer, did not have TB testing completed every 3 years (TB test results dated: 08/16/19 & 05/31/23).

REPEAT VIOLATION ESTABLISHED

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

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 period under review, Resident P did not have a weight recorded for March 2022 or February 2023. Resident P's individual plan of service noted that weights should be obtained weekly, but Resident P was being weighed monthly.

R 400.14315	Handling of resident funds and valuables.
	(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.

During the onsite inspection, Resident A's Funds Part II Form was not completed for cost of care payments for October-December 2022 or January-October 2023.

R 400.14315	Handling of resident funds and valuables.
	(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

During the period under review, Resident A had more than \$200 in cash on hand from October-February 2022 and April-June 2023.

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: (d) Health care information, including all of the following: (iv) A record of physician contacts.

During the onsite inspection, there was no written documentation on file showing that a dietician was contacted following Resident A or Resident P's weight gain of more than 5 pounds in a week/month or when their weight went above the specified weight outlined in their individual plans of service.

R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.
	(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

During the onsite inspection, the fire alarm pull station in the laundry room was not working due to a broken switch.

A corrective action plan was requested and approved on 10/17/2023. 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 Donnay

10/17/2023

Kristen Donnay Licensing Consultant

Date