

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 26, 2023

Willie Robertson Robertson Foster Home Inc 15070 Faust St Detroit, MI 48227

RE: License #: AS820306595

Robertson Home #1 15070 Faust

Detroit, MI 48223

Dear Mr. Robertson:

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 (313) 456-0380.

Sincerely,

(313) 919-3003

Shatonla Daniel, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

Shatorla Daniel

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

I. IDENTIFYING INFORMATION

License #: AS820306595

Licensee Name: Robertson Foster Home Inc

Licensee Address: 14929 Lindsay

Detroit, MI 48227

Licensee Telephone #: (313) 836-8228

Licensee/Licensee Designee: Willie Robertson

Administrator: Willie Robertson

Name of Facility: Robertson Home #1

Facility Address: 15070 Faust

Detroit, MI 48223

Facility Telephone #: (248) 2595613

Original Issuance Date: 04/21/2010

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	10/25/2023
Date of Bureau of Fire Services Inspection if ap	plicable:
Date of Health Authority Inspection if applicable	:
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	1
 Medication pass / simulated pass observed Full paperwork inspection Medication(s) and medication record(s) rev 	·
 Resident funds and associated documents Yes ∑ No ☐ If no, explain. Meal preparation / service observed? Yes Resident was asleep. Fire drills reviewed? Yes ∑ No ☐ If no, 	☐ No ☑ If no, explain.
Fire safety equipment and practices observed.	ved? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification Control of the scores of the score) Water temperatures checked? Yes ⊠ No 	·,
Incident report follow-up? Yes ⊠ No □ □	f no, explain.
 Corrective action plan compliance verified? N/A Number of excluded employees followed-u 	
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.

At the time of inspection, Resident A's weight record was not the same as the weight taken by the physician listed on the health care appraisal in August 2023. It appears weights have not been taken regularly but the form has simply been copied month to month.

R 400.14313 Resident nutrition.

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

At the time of inspection, Licensee failed to maintain a record of menus kept for one calendar year.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At the time of inspection, I observed stove hood vent to be grease covered.

IV. RECOMMENDATION

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

Shetorla Daniel	
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10/26/2023

Shatonla Daniel Licensing Consultant Date