

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 21, 2023

Ruby Scott Boscott Homes LLC 31868 Northwestern Highway Farmington Hills, MI 48334

RE: License #: AS630415467

Boscott Berg 21232 Berg Road Southfield, MI 48033

Dear Ms. Scott:

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 and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

Johnna Cade, Licensing Consultant

Cadillac Place

3026 W. Grand Blvd. Ste 9-100

Detroit, MI 48202 Phone: 248-302-2409

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

I. IDENTIFYING INFORMATION

| License #: | AS630415467 |
|-------------------------|-----------------------------|
| | |
| Licensee Name: | Boscott Homes LLC |
| | |
| Licensee Address: | 21232 Berg Road |
| | Southfield, MI 48033 |
| | |
| Licensee Telephone #: | (313) 742-0200 |
| | |
| Licensee Designee: | Ruby Scott |
| | D 1 0 " |
| Administrator: | Ruby Scott |
| Nome of Facility | Deposit Days |
| Name of Facility: | Boscott Berg |
| Facility Address: | 21232 Berg Road |
| l acinty Address. | Southfield, MI 48033 |
| | Ocalimola, Wii 40000 |
| Facility Telephone #: | (248) 331-9251 |
| ruemity receptions in | (210) 001 0201 |
| Original Issuance Date: | 06/01/2023 |
| 3 | |
| Capacity: | 4 |
| | |
| Program Type: | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |
| | TRAUMATICALLY BRAIN INJURED |
| | |

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): 11/21/2023 |
|--|
| Date of Bureau of Fire Services Inspection if applicable: N/A |
| Date of Health Authority Inspection if applicable: N/A |
| No. of staff interviewed and/or observed 0 No. of residents interviewed and/or observed 0 No. of others interviewed 1 Role: licensee designee |
| Medication pass / simulated pass observed? Yes ☐ No ☐ If no, explain. The facility does not have any residents or staff at this time therefore, there are no medications on site. |
| Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain. The facility does not have any residents or staff at this time therefore, there are no medications on site. |
| Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. The facility does not have any residents at this time therefore, there are no funds on site. |
| Meal preparation / service observed? Yes ☐ No ☒ If no, explain. The facility does not have any residents therefore, there is no meal prep. Fire drills reviewed? Yes ☐ No ☒ If no, explain. |
| The facility does not have any residents therefore, there are no fire drills to review. |
| • 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 are no incidents to follow up on. |
| Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: 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: | |
|---|---|
| MCL 400.713 | License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined. |
| | (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following: (b) The applicant's compliance with this act and rules promulgated under this act. |

The facility has not had residents in care since the issuance of the original license effective 06/01/2023 - 11/30/2023.

A corrective action plan was requested and approved on 11/21/2023. 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. Issuance of a provisional license is recommended.

Johnse Cade 11/21/2023

Johnna Cade Date

Licensing Consultant