



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 30, 2024

Janet Patterson  
Advocates for Self Determination, LLC  
Suite 102  
28237 Orchard Lake Rd.  
Farmington Hills, MI 48334

RE: License #: AS630402110  
**St. Marys Home**  
**24156 St. Marys**  
**Farmington, MI 48336**

Dear Ms. Patterson:

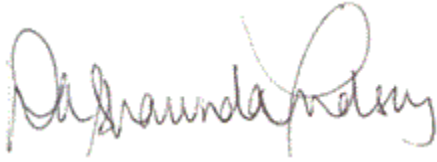
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and special certification 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
Detroit, MI 48202  
(248) 505-8036

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630402110

**Licensee Name:** Advocates for Self Determination, LLC

**Licensee Address:** Suite 102  
28237 Orchard Lake Rd.  
Farmington Hills, MI 48334

**Licensee Telephone #:** (248) 723-7152

**Licensee/Licensee Designee:** Janet Patterson

**Administrator:** Janet Patterson

**Name of Facility:** St. Marys Home

**Facility Address:** 24156 St. Marys  
Farmington, MI 48336

**Facility Telephone #:** (248) 987-6189

**Original Issuance Date:** 04/21/2020

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/24/2024

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 1

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: Management

- 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.  
The inspection did not occur 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 that required a follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
SI 07/2023- as315(6) and as303(2); Renewal 2022- S803(2) and as315(3) 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>MCL 400.734b</b>	<b>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</b>
	<b>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</b>

Home manager Valentina Reeves and staff Senait Gebreneskel were fingerprinted under Saginaw Center adult foster care (AFC) small group home license. There was no verification that they were fingerprinted under St. Marys Home AFC small group home license.

<b>R 400.14203</b>	<b>Licensee and administrator training requirements.</b>
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	<p><b>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</b></p> <p style="padding-left: 40px;"><b>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</b></p>
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There was no verification licensee designee/administrator Janet Patterson completed at least 16 hours of department approved training annually.

<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
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	<p><b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b></p> <p style="padding-left: 40px;"><b>(b) First aid.</b></p> <p style="padding-left: 40px;"><b>(c) Cardiopulmonary resuscitation.</b></p>
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There was no verification staff Senait Gebreneskel has current CPR and First Aid certification.

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
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	<p><b>(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.</b></p>
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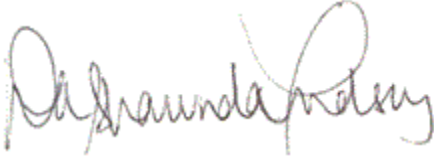
There was no verification staff Senait Gebreneskel completed an annual health review within the last year.

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(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.
<p>There was no verification that a Resident Funds Part II form was completed to track Resident A's and Resident B's checking account. Resident B's Resident Funds Part II form, used track his cash spending, was not accurate.</p> <p><b>REPEAT VIOLATION ESTABLISHED.</b>  <b>Reference Renewal Licensing Study Report 02/01/2022.</b>  <b>CAP 02/07/2022.</b></p>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.
The water temperature in the kitchen was 131.5 degrees Fahrenheit.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
The bathroom sink in the main bathroom on the upper level was damaged.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
Some the walls in the residents' bedrooms, hallways on upper and main level as well as the bathrooms were dirty and/or had chipping paint. In addition, there were some holes in the walls.	
<b>R 400.14510</b>	<b>Heating equipment generally.</b>
	(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment shall be installed in a fixed or permanent

	manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.
The dryer was not equipped with an approved metal duct.	

**IV. RECOMMENDATION**

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



01/30/2024

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DaShawnda Lindsey  
Licensing Consultant

Date