



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 2, 2024

Mona Hansen-Hill
Jewish Apartments & Services
15100 W. Ten Mile Rd.
Oak Park, MI 48237

RE: License #: AL630276749
Investigation #: 2024A0602006
Jewish Apt. & Ser. Coville III

Dear Mrs. Hansen-Hill:

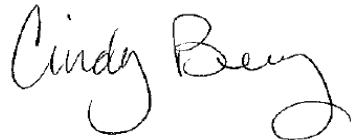
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry". The signature is written in black ink and is positioned above the typed name and address.

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 860-4475

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL630276749
Investigation #:	2024A0602006
Complaint Receipt Date:	11/17/2023
Investigation Initiation Date:	11/17/2023
Report Due Date:	01/16/2024
Licensee Name:	Jewish Apartments & Services
Licensee Address:	15100 W. Ten Mile Rd. Oak Park, MI 48237
Licensee Telephone #:	(248) 967-4240
Administrator:	Mona Hansen-Hill
Licensee Designee:	Mona Hansen-Hill
Name of Facility:	Jewish Apt. & Ser. Coville III
Facility Address:	15100 W. Ten Mile Road Oak Park, MI 48237
Facility Telephone #:	(248) 967-4240
Original Issuance Date:	11/10/2005
License Status:	REGULAR
Effective Date:	01/19/2023
Expiration Date:	01/18/2025
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Fire Safety disapproval issued with a “D” rating.	Yes

III. METHODOLOGY

11/17/2023	Special Investigation Intake 2024A0602006
11/17/2023	Special Investigation Initiated – Telephone Spoke with Fire and Safety Inspector, Larry DeWatcher.
11/17/2023	Contact – Document received Reviewed a copy of the fire safety disapproval inspection report.
11/17/2023	Contact - Telephone call made Spoke with the licensee designee.
12/11/2023	Contact - Telephone call received Received voicemail message from the licensee designee.
12/12/2023	Contact – Document received Reviewed facility file.
12/12/2023	Inspection Completed On-site Interviewed the licensee designee.
12/12/2023	Exit Conference Held with the licensee designee, Mona Hansen-Hill in person at the facility.
01/29/2024	Contact – Telephone call made Interviewed staff members Ciera Gordon, Taquanda Sanders, Resident A and Resident B.

ALLEGATION:

Fire Safety disapproval issued with a “D” rating.

INVESTIGATION:

On 11/17/2023, a complaint was received and assigned for investigation alleging that the facility was issued a certificate of disapproval “D rating” from the bureau of fire services.

On 11/17/2023, I spoke with Larry DeWatcher (by telephone) who is a supervisor with the bureau of fire services. Mr. DeWatcher stated a fire inspector conducted an inspection of the facility on 11/02/2023 and determined that fire drills were not being conducted as required by the adult foster care licensing rules. The facility has been using a method of shelter in place and not evacuating the residents from the building. Staff members are setting off the smoke alarm system and sheltering each resident in their bedrooms with the doors closed. Mr. DeWatcher said this is a clear violation of AFC licensing rules and creates a safety issue for the residents.

On 11/17/2023 I reviewed a copy of the disapproval “D rating” fire safety inspection report dated 10/12/2023 and signed by Inspector Don Collick. According to the report, the facility was deficient in the following areas:

- Last documented monthly fire extinguisher visual inspection was conducted in June 2023.
- Observed fire alarm control panel indicating a trouble condition. UPDATE: Alarm company determined that the issue was a duct detector and has been repaired.
- The administrator was unable to locate a copy of the Emergency Procedures Manual or confirm that it had been reviewed for accuracy within the past 12 months. This manual must always be available to staff in the event of an emergency. Records of staff training shall be maintained for review upon request.
- The last documented fire drill was conducted in February 2023. Administrator informed Mr. Collick that on activation of the alarm system, residents are moved to their rooms and shelter in-place.
- Exit sign next to room 408 is in-operable.

On 11/17/2023, I spoke with the licensee designee, Mona Hansen-Hill by telephone. Ms. Hansen-Hill stated she has been in contact with Mr. DeWatcher regarding how they have been conducting fire drills. Ms. Hansen-Hill was informed by the previous licensee designee that they had approval from the fire marshal to shelter in place as this is a high rise building with Jewish Apt. & Ser. Coville III located on the fourth floor of the building.

On 12/12/2023, I conducted an unannounced on-site investigation at which time I interviewed the licensee designee, Mona Hansen-Hill. Ms. Hansen-Hill stated she was informed that the approval to shelter in place was issued by the City of Oak Park Fire

Marshal. She thought that was acceptable because the inspector from the bureau of fire services inspects the facility every year and it has never been an issue until now. Ms. Hansen-Hill went on to state that there is a cement floor separation between every floor in the building, all the walls are made of cement, and each resident room contains a 2-hour fire door. The AFC license belongs to the fourth floor of the high rise with no residents in wheelchairs residing on this floor. There is one resident on hospice care but is ambulatory. Ms. Hansen-Hill stated the residents could exit the building with staff assistance, but they are very frail. Ms. Hansen-Hills said she has spoken with Mr. DeWatcher several times and he is willing to in-service all staff members on how to conduct fire drills correctly and safely. She stated that she has created a plan of correction detailing what measures will be taken to address the violation.

On 12/12/2023, I accessed the facility file and reviewed the original licensing study report (OLSR) dated 1/10/2005. According to the report, the director of the Office of Children and Adult Licensing, James Gale informed the executive director (at that time) of Jewish Apartment and Services, Marsha Goldsmith Kamin that the establishment of an adult foster care facility on the fourth floor of a multi-story building was prohibited if the intended population had impaired mobility. He further stated that the proposal required preliminary approval by the bureau of construction codes and fire safety for use of the fourth floor and that the applicant must provide a written statement that persons of impaired mobility would not be admitted or retained at the facility. I also reviewed a letter addressed to James Gale that was signed and dated on 7/15/2004 by Marsha Goldsmith Kamin. According to the letter, Ms. Goldsmith Kamin agreed that residents with impaired mobility would not be admitted to the AFC floors of the building. Residents must be able to ambulate on their own and transfer without assistance. In addition, if a resident deteriorates and develops significantly impaired mobility, they must transition to a facility that provides a higher level of care.

There are currently 10 residents residing at the facility who are all ambulatory without the use of wheelchairs or walkers but are aged and ambulate with slower mobility.

On 12/12/2023, I conducted an exit conference with the licensee designee, Mona Hansen-Hill in person while at the facility. I informed Ms. Hansen-Hill that residents must be evacuated from the facility during each fire drill. If any resident is not physically capable of evacuating, they must be discharged from the facility. I also informed Ms. Hansen-Hill that according to the OLSR, it was agreed that residents with impaired mobility would not be admitted to the facility.

On 1/29/2024 I interviewed staff members Ciera Gordon, Taquanda Sanders, Resident A and Resident B by telephone. Ms. Gordon stated she works part-time, three days a week between the hours of 7 am and 3 pm on Tuesday, Wednesday, and Friday. She said she has never worked during a fire drill where the residents were evacuated from the building. The only fire drill she has participated in involved an announcement made over the intercom system informing staff and residents that the fire alarm system would sound off, but it was only a drill. Once the alarm sounded, staff assisted residents into their rooms and closed their doors until the alarm was turned off. Ms. Gordon went on to

state staff are required to participate in a fire safety class that showed them how to evacuate residents if there was an actual fire in the building.

On 1/29/2024 I interviewed staff member Taquanda Sanders by telephone. Ms. Sander stated she has worked for the company since 2018. She began working full-time about three months ago during the hours of 7 am and 3 pm. Ms. Sanders said the only fire drill she participated in was when an announcement was made over the intercom system informing staff and residents that a drill was going to be activated, the alarm was sounded, and staff assisted the residents into their rooms and closed their doors. Residents are required to remain in their rooms until the drill is over. Each resident's room is equipped with a fire door and the walls and ceiling is made of cement. Ms. Sanders went on to state that staff are required to participate in a fire safety class and take a written test upon completion of the class. Ms. Sanders stated she has never participated in a fire drill where residents were evacuated from the building.

On 1/29/2024 I interviewed Resident A by telephone. Resident A stated she has resided at Coville for 8 years and has never been evacuated from the building during a fire drill. The alarm is set off often and residents are required to go into their rooms and remain there until the alarm stops and a message comes over the intercom system informing everyone that the drill is over.

On 1/29/2024 I interviewed Resident B by telephone. Resident B stated he moved in the facility in 2022 and has never participated in a fire drill that required him to evacuate the building. He has heard an announcement over the intercom system informing the residents that the alarm was going to sound but it was only a drill. During this time, residents must go into their rooms and remain there until another announcement is made informing them that the drill is over.

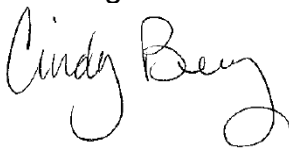
APPLICABLE RULE	
MCL 400.720	Certificate of approval from bureau of fire services and department; compliance; denial or certification with limitations; hearing.
	(1) The department shall not issue a temporary, provisional, or regular license to an adult foster care facility with a capacity of more than 6 adults until the facility receives a certificate of approval from the bureau of fire services created in section 1b of the fire prevention code, 1941 PA 207, MCL 29.1b, after compliance with fire safety standards prescribed in rules promulgated by the bureau of fire services pursuant to section 10(2).
ANALYSIS:	Based on the information obtained during the investigation there is sufficient information to determine that the facility did in fact receive a disapproval rating from the bureau of fire services. According to the disapproval and information obtained from Mr.

	DeWatcher, residents are not being evacuated from the building during fire drills.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	Based on the information obtained during the investigation, there is sufficient information to determine that fire drills are being conducted, but residents are sheltering in place rather than being evacuated from the building. According to Ms. Hansen-Hill, Mr. DeWatcher, Ms. Gordon, Ms. Sanders, Resident A and Resident B, during fire drills, residents are sent to their rooms until the alarm has stopped.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change to the status of the license.

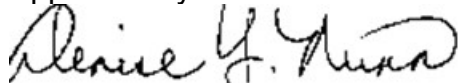


02/02/2024

Cindy Berry
Licensing Consultant

Date

Approved By:



02/02/2024

Denise Y. Nunn
Area Manager

Date