

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 8, 2024

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

RE: License #: AS630012317

Hadley Home

925 S Hadley Road Ortonville, MI 48462

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,

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

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

I. IDENTIFYING INFORMATION

License #:	AS630012317	
Licensee Name:	North-Oakland Residential Services Inc	
Licensee Address:	106 S. Washington	
	Oxford, MI 48371	
	(0.40), 0.00, 0.000	
Licensee Telephone #:	(248) 969-2392	
Licensee Designee	Roger Covill	
Licensee Designee:	Roger Coviii	
Name of Facility:	Hadley Home	
	,	
Facility Address:	925 S Hadley Road	
	Ortonville, MI 48462	
Facility Telephone #:	(248) 627-4591	
Original Issuance Date:	12/20/1982	
0		
Capacity:	5	
Program Type:	DEVELOPMENTALLY DISABLED	
Program Type:	DEVELOPMENTALLY DISABLED	

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/07/2024
Date of Bureau of Fire Services Inspection if applicable: N/A
Date of Environmental/Health Inspection if applicable: 11/14/2023
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Area manager
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. 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.
 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:

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the
medication, which shall be entered at the time the medication given.

During the onsite inspection, I reviewed Resident B's medications and medication administration records (MAR). From 02/01/24-02/18/24, staff initialed Resident B's February 2024 MAR for an 8:00pm dose of Aspirin EC 81mg, Co Q-10 100mg, Docusate Sodium 100mg, Lisinopril 10mg, Loratadine 10mg, and Acidophilus Capsule. These medications are only prescribed once daily at 8:00am and were not administered at 8:00pm. There was an error on the MAR that was sent from the pharmacy, which had the proper instructions, but listed 8:00am and 8:00pm. None of the staff who passed medications noticed or corrected the error. They continued to initial the MAR for the 8:00pm dose when they were not passing it, which indicates they were not following proper medication passing procedures including the five rights of medication passing.

A corrective action plan was requested and approved on 03/07/2024. 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	03/08/2024
Kristen Donnay Licensing Consultant	Date