



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 12, 2024

Tracy Coleman  
Faith House In Motion, Inc.  
228 MLK Jr. Blvd. South  
Pontiac, MI 48342

RE: License #: AS630307603  
**Faith House In Motion**  
**93 Whittemore**  
**Pontiac, MI 48342**

Dear Ms. Coleman:

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 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,

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 #:** AS630307603

**Licensee Name:** Faith House In Motion, Inc.

**Licensee Address:** 93 Whittemore  
Pontiac, MI 48342

**Licensee Telephone #:** (248) 333-2270

**Licensee/Licensee Designee:** Tracy Coleman

**Administrator:** Tracy Coleman

**Name of Facility:** Faith House In Motion

**Facility Address:** 93 Whittemore  
Pontiac, MI 48342

**Facility Telephone #:** (248) 454-1773

**Original Issuance Date:** 09/26/2011

**Capacity:** 6

**Program Type:** MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/08/2024

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee designee/admin.

- 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 a 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:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

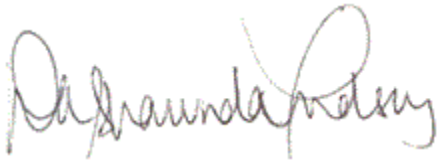
This facility was found to be in non-compliance with the following rules:	
<b>R 400.14203</b>	<b>Licensee and administrator training requirements.</b>
	<p><b>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, 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>
<p>There was no verification that licensee designee Tracy Coleman completed at least 16 hours of training annually in the past two years.</p> <p><b>REPEAT VIOLATION ESTABLISHED. Reference LSR 03/09/2022. CAP 03/16/2022.</b></p>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<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>
<p>There was no verification that volunteer Ocie Johnson and volunteer Gwendolyn Reed have current First Aid and CPR certification.</p>	
<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>
	<p><b>(6) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days</b></p>

	<b>of an individual's employment, assumption of duties, or occupancy in the home.</b>
There was no verification that volunteer Ocie Johnson had a physical.	

A corrective action plan was requested and approved on 03/08/2024. 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.



03/12/2024

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DaShawnda Lindsey  
Licensing Consultant

Date