

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 19, 2024

Evelyn Franklin
Passages Community Services
P.O.Box 6387
1220 Palmer
Plymouth, MI 48170

RE: License #: AS820013917

Reeck Ais Home 14270 Reeck Road Southgate, MI 48195

Dear Ms. Franklin:

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 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 (313) 456-0380.

Sincerely,

Pandrea Robinson, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100

3026 W. Grand Blvd Detroit, MI 48202 (313) 319-9682

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

I. IDENTIFYING INFORMATION

License #: AS820013917

Licensee Name: Passages Community Services

Licensee Address: P.O. Box 6387

1220 Palmer

Plymouth, MI 48170

Licensee Telephone #: (734) 454-3691

Licensee/Licensee Designee: Evelyn Franklin

Administrator: Evelyn Franklin

Name of Facility: Reeck Ais Home

Facility Address: 14270 Reeck Road

Southgate, MI 48195

Facility Telephone #: (734) 283-4531

Original Issuance Date: 03/18/1987

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Dat	e of On-site Inspection(s):	04/18/	2024
Date of Bureau of Fire Services Inspection if applicable:			
Date of Environmental/Health Inspection if applicable: 04/18/2024			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		2 5
•	Medication pass / simulated pass observed?	Yes 🛭	☑ No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain		
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, e	xplain.	
•	Fire safety equipment and practices observe	d? Yes	s ⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes No [• /	
•	Incident report follow-up? Yes ⊠ No ☐ If	no, exp	lain.
•	Corrective action plan compliance verified? N/A Number of excluded employees followed-up		CAP date/s and rule/s:
•	Variances? Yes ☐ (please explain) No ☐	<u></u>]

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.14315 Handling of resident funds and valuables.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

At the time of inspection, I observed that Resident A had more than \$200.00 in the home from April 2022 through June of 2022 and August of 2023 through April of 2024.

Resident B had more than \$200.00 in the home from December of 2022 through March of 2024.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, I observed the approved means of egress not equipped with positive-latching, non-locking-against-egress hardware.

IV. RECOMMENDATION

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

Pandrea Robinson Licensing Consultant 04/19/24 Date