

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 16, 2024

Jennifer Ward Special Tree Neuro Care Center Ltd. Suite 2 16880 Middlebelt Road Livonia, MI 48154

RE: License #: AL820313042 NeuroCare Center South 39000 Chase Road Romulus, MI 48174

Dear Ms. Ward:

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. will be scheduled.

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,

Chokea ٠., NOM

Pandrea Robinson, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 319-9682

> 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AL820313042
Licensee Name:	Special Tree Neuro Care Center Ltd.
Licensee Address:	39010 Chase Road Romulus, MI 48174
Licensee Telephone #:	(734) 239-1937
Licensee/Licensee Designee:	Jennifer Ward
Administrator:	Megen McDonough
Name of Facility:	NeuroCare Center South
Facility Address:	39000 Chase Road Romulus, MI 48174
Facility Telephone #:	(734) 893-1000
Original Issuance Date:	08/07/2012
Capacity:	15
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	05/15/2024
Date of Bureau of Fire Services Inspection if a	pplicable: 10/02/2023
Date of Health Authority Inspection if applicabl	e: 05/15/2024
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	4 6
Medication pass / simulated pass observe	ed? 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 X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. 	
● 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	lf no, explain.
 Corrective action plan compliance verified N/A Number of excluded employees followed- 	_
• Variances? Yes 🗌 (please explain) No 🗌 N/A 🔀	

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 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

At the time of inspection, I reviewed Resident A's records and observed that she did not have an annual written assessment completed for 2023.

R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of inspection, I reviewed Resident A's records and observed that she did not have an annual written care agreement for 2023.

R 400.15310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years. At the time of inspection, I observed that Resident A did not have weights recorded from January of 2023 through May 2023.

R 400.15315 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 funds of more than \$200.00 in the home from June of 2023 through February of 2024.

IV. RECOMMENDATION

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

Linden Robinson

Pandrea Robinson Licensing Consultant

05/16/24 Date