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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 13, 2024

Venson Williams Williams Community Living Inc 2662 W Grand Blvd Detroit, MI 48208

RE: License #: AL820007539

Williams Community Living 2662 W Grand Boulevard Detroit, MI 48208

Dear Ms. Williams:

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,

(313) 919-3003

Shatonla Daniel, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

Shatorla Daniel

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

#### I. IDENTIFYING INFORMATION

**License #:** AL820007539

Licensee Name: Williams Community Living Inc

**Licensee Address:** 2662 W Grand Blvd

Detroit, MI 48208

**Licensee Telephone #:** (313) 871-7542

Licensee/Licensee Designee: Venson Williams

Administrator: Venson Williams

Name of Facility: Williams Community Living

Facility Address: 2662 W Grand Boulevard

Detroit, MI 48208

**Facility Telephone #:** (313) 871-7542

Original Issuance Date: 08/06/1991

Capacity: 16

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

### **II. METHODS OF INSPECTION**

| Date of On-site Inspection(s):  | 05/09/2024                     |
|---|--------------------------------|
| Date of Bureau of Fire Services Inspection if applicable:   |                                |
| Date of Health Authority Inspection if applicable:  |                                |
| No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed  1 Role: License  | 2<br>6<br>e Designee           |
| <ul> <li>Medication pass / simulated pass observed?</li> <li>Full inspection</li> <li>Medication(s) and medication record(s) reviews</li> </ul>   |                                |
| <ul> <li>Resident funds and associated documents reyes  No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ∑</li> </ul>   |                                |
| Fire drills reviewed? Yes ⊠ No ☐ If no, explain the second of the | xplain.                        |
| Fire safety equipment and practices observe   | ed? Yes ⊠ No □ If no, explain. |
| <ul> <li>E-scores reviewed? (Special Certification Or If no, explain.</li> <li>Water temperatures checked? Yes ∑ No [</li> </ul>  |                                |
| Incident report follow-up? Yes ⊠ No ☐ If  | no, explain.                   |
| <ul> <li>Corrective action plan compliance verified?         203 (1) N/A       </li> <li>Number of excluded employees followed-up</li> </ul>  | _                              |
| 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:

#### R 400.15203 Licensee and administrator training requirements.

- (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:
- (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) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

At the time of inspection, Licensee Designee/ Administrator failed to participate in, and successfully complete, 16 hours of training and/or completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

#### REPEAT VIOLATION LSR DATED 05/06/2022 AND CAP DATED 05/06/2022

#### R 400.15205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) 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 of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, Staff- Kesia Sneed's employee file was reviewed did not contain a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health obtained within 30 days of an individual's employment

#### 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 Resident A's Funds Part II sheet to be over \$200 available for use in the facility. Specifically Resident A had the actual funds over \$200 contained in the facility safe.

#### IV. RECOMMENDATION

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

| Shotonla Daniel      | 05/13/2024 |
|----------------------|------------|
| Shatonla Daniel      | Date       |
| Licensing Consultant |            |