

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 13, 2024

Felicia Jordan Brighter Haven Inc 560 E Grand Blvd Detroit, MI 48207

RE: License #: AL820069925

Brighter Haven 560 E Grand Blvd Detroit, MI 48207

Dear Mrs. Jordan:

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,

Shatonla Daniel, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-3003

Shatorla Daniel

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

I. IDENTIFYING INFORMATION

License #: AL820069925

Licensee Name: Brighter Haven Inc

Licensee Address: 560 E Grand Blvd

Detroit, MI 48207

Licensee Telephone #: (313) 605-0641

Licensee/Licensee Designee: Felicia Jordan

Administrator: Felicia Jordan

Name of Facility: Brighter Haven

Facility Address: 560 E Grand Blvd

Detroit, MI 48207

Facility Telephone #: (313) 571-5104

Original Issuance Date: 01/30/1996

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	of On-site Inspection(s):	05/08/2	2024
Date	of Bureau of Fire Services Inspection if appl	icable:	04/11/2024
Date of Health Authority Inspection if applicable:			
No. d	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e Design	2 6 nee
•	Medication pass / simulated pass observed?	Yes []No ⊠ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	∕es ⊠ No □ If no, explain.
,	Resident funds and associated documents re Yes		
•	Fire drills reviewed? Yes 🗵 No 🗌 If no, ex	plain.	
•	Fire safety equipment and practices observed	d? Yes	⊠ No □ If no, explain.
	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	•	
•	Incident report follow-up? Yes ⊠ No ☐ If r	no, expl	ain.
;	Corrective action plan compliance verified? `312(4b), 318(5) N/A Number of excluded employees followed-up?		CAP date/s and rule/s: 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:

R 400.15403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection, I observed the flooring the common areas of the facility to be worn with discolored tiles and exposed floorboards in some areas.

IV. RECOMMENDATION

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

Shatonla Daniel Date
Licensing Consultant

O5/13/2024