



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 21, 2024

Donald King
Hope Network, S.E.
PO Box 190179
Burton, MI 48519

RE: License #: AS500069161
Silver Knoll
8811 Chicago Rd
Warren, MI 48093

Dear Mr. King:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read 'EJ', is positioned above the typed name.

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AS500069161
Licensee Name:	Hope Network, S.E.
Licensee Address:	PO Box 190179 Burton, MI 48519
Licensee Telephone #:	(989) 482-7039
Licensee/Licensee Designee:	Donald King
Administrator:	Donald King
Name of Facility:	Silver Knoll
Facility Address:	8811 Chicago Rd Warren, MI 48093
Facility Telephone #:	(586) 979-8095
Original Issuance Date:	12/20/1995
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/15/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed N/A Role: [REDACTED]

- 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.
- 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.
None needed
- 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 determined to be in substantial compliance with rules and requirements.

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

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection on 05/15/24, I observed the following medication errors:

- The label on Resident A's medication Atorvastatin did not match the Medication log.
- Resident A's medication Fluphenazine HCL 5mg was missing.
- The label on Resident A's medication Diabetic SIL Tussin did not match the Medication log.
- Resident A's medication Ibuprofen 200mg was not listed on the Medication log.
- The label on Resident B's medication Albuterol did not match the Medication log.
- Resident B's medication Ibuprofen 800mg and Systane eye drops were missing.

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the onsite inspection on 05/15/24, I observed the following medications for Resident B to be missing the initials of the person who administered the medication:

- Advair Diskus 250 mcg – 5/1 (pm) and 5/2 (am)
- Benztropine Mesylate 1mg – 5/1
- Celecoxib 200mg- 5/1 (pm) and 5/2 (am)
- Daytrana 30mg- 5/2
- Famotidine 20mg - 5/1 (pm) and 5/2 (am)
- Ferrous sulfate 325mg- 5/2
- Loratadine 10mg- 5/2
- Lorazepam 1mg- - 5/1 (pm) and 5/2 (am)
- Trintellix 20mg- 05/01

R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection on 05/15/24, I observed the driveway of the home to be in need of major repair. There were several large holes in the driveway.

R 400.14403	Maintenance of premises.
	(3) All living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.

During the onsite inspection on 05/15/24, I observed bathroom #2 light did not properly work, which caused the bathroom to be very dark.

R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the onsite inspection on 05/15/24, I observed a wall in bedroom #2 that was in need of repairing and painting.

R 400.14507	Means of egress generally.
	(6) Occupied room door hardware shall be equipped with positive latching, non-locking-against-egress hardware.

During the onsite inspection on 05/15/24, I observed bathroom #2 door to no be 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.



05/21/24

Eric Johnson
Licensing Consultant

Date