



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 18, 2024

Roland Higgs  
Family Living Center Inc.  
Suite 101  
132 Franklin Blvd  
Pontiac, MI 48341

RE: License #: AS630377628  
**Rainbow Group Home**  
**19331 Rainbow Drive**  
**Lathrup Village, MI 48076**

Dear Mr. Higgs:

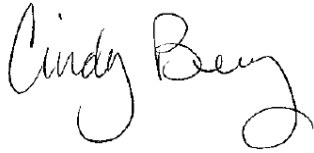
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Cindy Berry". The signature is written in a cursive, flowing style.

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
3026 West Grand Blvd  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 860-4475

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630377628

**Licensee Name:** Family Living Center Inc.

**Licensee Address:** Suite 101  
132 Franklin Blvd  
Pontiac, MI 48341

**Licensee Telephone #:** (248) 334-5330

**Licensee Designee:** Roland Higgs

**Administrator:** Roland Higgs

**Name of Facility:** Rainbow Group Home

**Facility Address:** 19331 Rainbow Drive  
Lathrup Village, MI 48076

**Facility Telephone #:** (248) 569-8289

**Original Issuance Date:** 12/03/2015

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/06/2024

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 2

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: N/A

- 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: LSR CAP Approved 04/20/2022; 301(4), 210(a), 316(1)(b), 1803(1), 301(10), 301(6), 315(3), 312(4)(c), 312(2), 312(6), 312(7), 507(5), 401(2), 205(5) 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 found to be in non-compliance with the following rules:

**R 330.1803                      Facility environment; fire safety.**

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

An annual furnace inspection was not completed for 2022 or 2023.

**REPEAT VIOLATION ESTABLISHED; LSR CAP APPROVED 4/20/2022.**

**R 400.14204                      Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

- (b) First aid.
- (c) Cardiopulmonary resuscitation.

There was no current first aid or cardiopulmonary resuscitation certificate contained in staff member Irene Lineh's employee file.

**R 400.14301      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.

- Resident B's 2023 assessment plan was not signed or dated by the designated representative.
- Resident C's 2024 assessment plan was not signed or dated by the designated representative.
- Resident D's 2023 assessment plan was not dated and there was no 2024 assessment plan contained in the resident file.
- Resident E's 2023 assessment plan was not dated and there was no 2024 assessment plan contained in the resident file.
- Resident F's 2023 assessment plan was not dated and there was no 2024 assessment plan contained in the resident file.

**REPEAT VIOLATION ESTABLISHED; LSR CAP APPROVED 4/20/2022.**

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

Resident E's 2023 and 2024 resident care agreements were not signed by the designated representative.

**REPEAT VIOLATION ESTABLISHED; LSR CAP APPROVED 4/20/2022.**

**R 400.14312 Resident medications.**

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

On 6/5/2024 Resident A's evening medication, Fluvoxamine Maleate 100mg tab was signed as administered but the medication remained in the blister pack.

**REPEAT VIOLATION ESTABLISHED; LSR CAP APPROVED 4/20/2022.**

**R 400.14401 Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature in the bathroom had a reading of 70 degrees Fahrenheit.

**REPEAT VIOLATION ESTABLISHED; LSR CAP APPROVED 4/20/2022.**

**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.

- The hot water in the bathroom was turned off due to a leak.
- There was dirt build-up behind Resident E's bed.
- The wall plate covering the electrical outlet in Resident B's bedroom was not secured to the wall.


**R 400.14408 Bedrooms generally.**

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

Bedroom #2 contained hardware that was not non-locking-against-egress.

**IV. RECOMMENDATION**

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



6/18/2024

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Cindy Berry  
Licensing Consultant

Date