



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 9, 2024

Kevin Hankerson
2 Foot Prints Inc
24106 Hickory Grove Ln
Novi, MI 48375

RE: License #: AS820087908
Springhill AFC
3826 Springhill
Inkster, MI 48141

Dear Mr. Hankerson:

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 six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

A handwritten signature in dark ink, appearing to read 'Denasha Walker', with a stylized, cursive script.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #:	AS820087908
Licensee Name:	2 Foot Prints Inc
Licensee Address:	3826 Springhill Inkster, MI 48141
Licensee Telephone #:	(734) 595-6744
Licensee/Licensee Designee:	Kevin Hankerson
Administrator:	
Name of Facility:	Springhill AFC
Facility Address:	3826 Springhill Inkster, MI 48141
Facility Telephone #:	(734) 641-7830
Original Issuance Date:	11/02/1999
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/02/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed Role:

- 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:
CAP Dated 07/11/2022 R 400.14301 (4), R 400.14301 (9), R 400.14312 (4),
R 400.14318 (5), R 400.14401 (2), R 400.14402 (6), R 400.14403 (1),
R 400.14403 (11), R 400.14403 (8), R 400.1507 (6) 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 multistation 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.

At the time of inspection, the smoke detection system was not interconnected and powered by the household electrical service.

R 400.14208

Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(a) Name, address, telephone number, and social security number.

(b) The professional or vocational license, certification, or registration number, if applicable.

(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

(d) Verification of the age requirement.

(e) Verification of experience, education, and training.

(f) Verification of reference checks.

(g) Beginning and ending dates of employment.

(h) Medical information, as required.

(i) Required verification of the receipt of personnel policies and job descriptions.

At the time of inspection, an employee file for Danyelle Coli was not maintained and available for department review.

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.

At the time of inspection, Resident A's 2024 assessment plan was not signed by the designated representative or licensee at the time of admission.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 07/07/2022; CAP DATED 07/11/2022.**

R 400.14301 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, Resident A's 2024 resident care agreement was not signed by the designated representative at the time of admission.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 07/07/2022; CAP DATED 07/11/2022.**

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:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, Resident A's past medication administration records reviewed did not contain the initials of the person who administered the medication.

Resident A

Divalproex Tab 250mg ER, to be administered 1 tablet by mouth at bedtime (8 p.m.) was not initialed 4/06/2024, 4/10/2024, 4/12/2024 - 4/17/2024, 4/19/2024 - 4/30/2024.

Mirtazapine Tab 15mg to be administered 1 tablet by mouth at bedtime (8 p.m.) was not initialed 4/10/2024, 4/12/2024 - 4/17/2024, 4/19/2024 - 4/26/2024, 4/28/2024, 4/29/2024, 5/15/2024 - 5/31/2024, 6/22/2024, 6/23/2024, 6/29/2024, 6/30/2024.

Quetiapine Tab 200mg to be administered 1 tablet by mouth at bedtime (8 p.m.) was not initialed 4/10/2024, 4/12/2024 - 4/19/2024, 4/21/2024 - 4/24/2024, 4/26/2024 - 4/30/2024.

Benzotropine Mes 0.5mg Tab to be administered 1 tablet by mouth twice daily was not initialed 4/10/2024, 4/12/2024 - 4/17/2024, 4/19/2024 - 4/26/2024, 4/28/2024 - 4/30/2024, 5/16/2024 - 5/31/2024, 6/22/2024, 6/23/2024, 6/29/2024, 6/30/2024 at 8 p.m.

Chlorpromazine 100mg Tab to be administered 1 tablet by mouth twice daily was not initialed 4/10/2024, 4/12/2024 - 4/19/2024, 4/21/2024 - 4/26/2024, 4/28/2024, 4/29/2024 at 8 p.m.

Divalproex Tab 500mg ER, to be administered 1 tablet by mouth twice daily was not initialed 4/10/2024, 4/12/2024 - 4/17/2024, 4/19/2024 - 4/26/2024, 4/28/2024, 4/29/2024, 5/16/2024 - 5/31/2024, 6/22/2024, 6/23/2024, 6/29/2024, 6/30/2024 at 8 p.m.

Haloperidol Tab 5mg to be administered 2 tablets by mouth twice daily was not initialed 4/10/2024, 4/12/2024 - 4/17/2024, 4/19/2024, 4/21/2024 - 4/26/2024, 4/28/2024, 4/29/2024, 5/16/2024 - 5/31/2024, 6/22/2024, 6/23/2024, 6/29/2024, 6/30/2024 at 8 p.m.

Quetiapine Tab 200mg to be administered 1 tablet by mouth three times daily was not initialed 4/10/2024, 4/12/2024 - 4/30/2024 at 4 p.m. and 8 p.m.

Chlorpromazine 100mg Tab to be administered 1 tablet by mouth three times daily was not initialed 5/16/2024 - 5/31/2024 at 4 p.m. and 8 p.m.

During an exit conference with Kevin Hankerson, licensee designee he stated Resident A was under the care of two different psychiatrist when he was admitted into the home. He said both psychiatrists prescribed different medications and it is possible the staff was confused on what medication to administer. He stated he would investigate what happened and address the issue.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 07/07/2022; CAP DATED 07/11/2022.**

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection, emergency and evacuation procedures were not completed during daytime, evening, and sleeping hours at least once per quarter. There were several fire drills that did not contain the time the drill was completed or the time it took to evacuate, and the following drills were not completed:

- Fire drill dated 07/02/2022 did not contain the time the drill was completed.
- Fire drill dated 10/15/2022 did not contain the time it took to evacuate the home.
- Fire drill dated 11/16/2022 did not contain the time it took to evacuate the home.
- No fire drill completed during evening hours in 2022 4th quarter.
- Fire drill dated 05/12/2023 did not contain the time the drill was completed.
- Fire drill dated 07/04/2023 did not contain the time the drill was completed.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 07/07/2022; CAP DATED 07/11/2022.**

R 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

At the time of inspection, the freezer was not equipped with approved thermometers.

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.

At the time of inspection:

- The dryer duct was not equipped with solid metal duct.
- The handle on the patio door was broken and not in good repair.

R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

At the time of inspection, the shower and bath area were not equipped with handrails.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 07/07/2022; CAP DATED 07/11/2022.**

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.

(3) The batteries of battery-operated smoke detectors shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer.

At the time of inspection, the smoke detector between the kitchen and hallway area was chirping.

On 7/3/2024, I completed an exit conference with Kevin Hankerson, regarding the findings including quality-of-care violations. Mr. Hankerson accepted full accountability. He stated he will work towards rectifying the violations and achieving compliance. Mr. Hankerson said it is possible that the staff were confused as it pertains to Resident A's medication due to him being under the care of two psychiatrists. He stated the smoke detection system was inspected this year and was working fine but the home experienced a water leak in the basement that might have

damaged the smoke detection system. He stated he will have the system inspected immediately. In the interim, Mr. Hankerson agreed to submit a fire safety plan to ensure the safety of the residents.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



07/09/2024

Denasha Walker
Licensing Consultant

Date