

July 30, 2024

Renee McClain  
16389 E Rutherland St  
Southfield, MI 48076

RE: License #: AS820411873  
**R&S ALTERNATIVE LIVING**  
**16525 Baylis**  
**Detroit, MI 48221**

Dear Ms. McClain:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820411873
<b>Licensee Name:</b>	Renee McClain
<b>Licensee Address:</b>	16525 Baylis Detroit, MI 48221
<b>Licensee Telephone #:</b>	(248) 416-6384
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	Renee McClain
<b>Name of Facility:</b>	R&S ALTERNATIVE LIVING
<b>Facility Address:</b>	16525 Baylis Detroit, MI 48221
<b>Facility Telephone #:</b>	(313) 658-3494
<b>Original Issuance Date:</b>	08/29/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/25/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed [redacted] 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.
- 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 found to be in non-compliance with the following rules:

**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:

(f) Verification of reference checks.

At the time of inspection, Staff- Shelby Hall and Staff- Gwendolyn Nichols employee file did not have verification of reference checks and education.

**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.

At the time of inspection, I observed two resident bedroom doors to not be equipped with positive latching hardware.

A corrective action plan was requested and approved on 07/25/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



07/30/2024

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Shatonla Daniel  
Licensing Consultant

Date