

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 7, 2024

Lorna Cheatham Citizens Alternative Residential Svs., Inc. 481 Virginia Court Canton, MI 48187

RE: License #: AS820283908

Springhill Manor 3748 Springhill Inkster, MI 48141

Dear Ms. Cheatham:

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:

• An on-site inspection will be conducted.

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,

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 #: AS820283908

Licensee Name: Citizens Alternative Residential Svs., Inc.

Licensee Address: 481 Virginia Court

Canton, MI 48187

Licensee Telephone #: (734) 777-3914

Licensee/Licensee Designee: Lorna Cheatham

Administrator: Lorna Cheatham

Name of Facility: Springhill Manor

Facility Address: 3748 Springhill

Inkster, MI 48141

Facility Telephone #: (734) 777-3914

Original Issuance Date: 02/27/2007

Capacity: 5

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspectio	n(s):	08/07/2024
Date of Bureau of Fire Se	ervices Inspection if ap	oplicable:
Date of Environmental/He	ealth Inspection if appl	licable:
No. of staff interviewed a No. of residents interview No. of others interviewed	ved and/or observed	0 0 see designee
A full worksheet insp	ection was completed	d? Yes ☐ No ☒ If no, explain. I. viewed? Yes ☒ No ☐ If no, explain.
 Yes ∑ No ☐ If no. Meal preparation / so No meal preparation outing. 	, explain. ervice observed? Yes	s reviewed for at least one resident? I No I If no, explain. All residents were on a community explain.
Fire safety equipmer	nt and practices observ	ved? Yes ⊠ No □ If no, explain.
If no, explain.	(Special Certification C	Only) Yes ⊠ No □ N/A □ o □ If no, explain.
Incident report follow	/-up? Yes ⊠ No 🔲 ∣	If no, explain.
CAP Dated 08/08/20 R 400.14301 (4), R 4 R 400.14403 (1), R 4)22 R 400.14205 (5), R	·
• 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 400.14301

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

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's

admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days

after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Resident B's health care appraisal was not completed within the 90-day period before admission. Resident B was admitted 08/22/2022. The health care appraisal exam date was 12/29/2022, and the signature date was 03/20/2023. Resident B was not an emergency admission.

Licensee designee, Lorna Cheatham, stated she had difficulty obtaining a copy of Resident B's healthcare appraisal from her previous placement which delayed her physical.

REPEAT VIOLATION ESTABLISHED LSR DATED 08/04/2022; CAP DATED 08/08/2022.

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. The following drills were not available for department review.

- 2022 sleep drill during the 3rd quarter.
- 2022 day, evening and sleep drill during the 4th quarter.
- 2023 evening drill during the 4th quarter.

Licensee designee, Lorna Cheatham, stated the drills were completed but the records were misplaced.

REPEAT VIOLATION ESTABLISHED LSR DATED 08/04/2022; CAP DATED 08/08/2022.

A corrective action plan was requested and approved on 08/07/2024. 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.

08/07/2024

Denasha Walker Licensing Consultant Date