



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 18, 2024

Arlisha Hill  
9948 Vaughn St.  
Detroit, Michigan 48228

RE: License #: AS820396402  
**Helping Others Live Together Group Home**  
**9948 Vaughan St**  
**Detroit, MI 48228**

Dear Ms. Hill:

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.

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 cursive script that reads "Shatonla Daniel".

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>	AS820396402
<b>Licensee Name:</b>	Arlisha Hill
<b>Licensee Address:</b>	9948 Vaughn St. Detroit, Mi 48228
<b>Licensee Telephone #:</b>	(313) 208-8812
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	Arlisha Hill
<b>Name of Facility:</b>	Helping Others Live Together Group Home
<b>Facility Address:</b>	9948 Vaughan St Detroit, MI 48228
<b>Facility Telephone #:</b>	(313) 208-8812
<b>Original Issuance Date:</b>	10/24/2019
<b>Capacity:</b>	4
<b>Program Type:</b>	MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/31/2024

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 2

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Staff not trained with no training documents
- 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. None available
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
None available.
- 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.  
No incident report
- 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:

**MCL 400.734b**

Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

At the time of the inspection, Staff- Sharron Smith's employee file reviewed did not contain a criminal background check despite being hired in January 2024.

Additionally, a check was made with the Workforce Background System which indicated that Staff- Sharron Smith was fingerprinted for another facility on 08/15/2019, she was resigned from employment on 04/13/2021. There was no additional fingerprinting information.

**R 400.14203                      Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

At the time of the inspection, licensee designee/administrator did not participate in, and successfully complete, 16 hours of training and/ or completed 6 credit hours annually at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

**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:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

At the time of the inspection Staff- Sharron Smith's employee file reviewed did not contain training documents. Specifically, all training documents were copied, whited out and then written over in pen with Staff- Sharron Smith's name with different completion dates.

**R 400.14205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of the inspection, Staff- Sharron Smith's employee file reviewed did not contain a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff within 30 days of an individual's employment.

**R 400.14205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of the inspection, Staff- Sharron Smith's employee file reviewed did not contain written evidence of current testing that she had been tested for communicable tuberculosis obtained before an individual's employment.

**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 the inspection, Staff- Sharron Smith's employee file reviewed did not contain verification of education, verification of reference checks and required verification of the receipt of personnel policies and job descriptions.

**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 the inspection, Resident A's record reviewed did not contain a health care appraisal for 2023.

**REPEAT VIOLATION LSR DATED 10/27/2022 AND CAP DATED 11/17/2022**

**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 the inspection, Resident A's record reviewed did not contain signed written assessment plan by the resident guardian for 2023 and 2024.

**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 the inspection, Resident A's record reviewed did not contain signed resident care agreements by the licensee for 2023 and 2024.

**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 the inspection, Resident A's medication administrator sheet reviewed showed a staff signature for 10/31/2024 at the 8:00 p.m. dosage. However, this time was prior to the inspection time.

**REPEAT VIOLATION LSR DATED 10/27/2022 AND CAP DATED 11/17/2022**

**R 400.14312          Resident medications.**

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being §333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

At the time of the inspection, Resident A's medication basket did not contain medication for 10/31/2024 for the 8:00 p.m. dosage. Specifically, Pravastatin Sodium 80,g, Sertraline 25mg, Verapamil ER 120mg medications were not available in the facility for this dosage time.

**R 400.14315          Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of the inspection, Resident A's record reviewed did not contain a record of Funds Part II for 2024.

**REPEAT VIOLATION LSR DATED 10/27/2022 AND CAP DATED 11/17/2022**

**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 the inspection, licensee did not practice and did not maintain a record fire drills for 2023 and 2024.

**REPEAT VIOLATION LSR DATED 10/27/2022 AND CAP DATED 11/17/2022**

**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 the inspection, I observed the refrigerator and freezers to not be equipped with 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 the inspection, I observed the dryer vent to not be equipped with a solid metal duct for venting of the clothing dryer.

**R 400.14407****Bathrooms.**

(3) Bathrooms shall have doors. Only positive-latching, non-locking against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

At the time of the inspection, I observed the second-floor bathroom door to not properly latch and unable to close.

**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.**

(6) For new construction, conversions, and changes of category, approved smoke detectors shall be installed in accordance with the requirements contained in the publication of the national fire protection association entitled "NFPA 101, Life Safety Code, 1988," shall be powered from the building's electrical system, and, when activated, shall initiate an alarm that is audible in all sleeping rooms with the door closed. Detectors shall be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional detectors shall be installed in living rooms, dens, dayrooms, and similar spaces.

At the time of the inspection, I observed the facility to not be equipped with approved smoke detectors that are powered from the building's electrical system, and, when activated, shall initiate an alarm that is audible in all sleeping rooms with the door closed. Detectors shall be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional detectors shall be installed in living rooms, dens, dayrooms, and similar spaces.

**REPEAT VIOLATION LSR DATED 10/27/2022 AND CAP DATED 11/17/2022****R 400.14506****Fire extinguishers; location, examination, and maintenance.**

(1) A minimum of 1 underwriters laboratory approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.

At the time of the inspection, the facility to not be equipped with approved 2A 10BC fire extinguishers.

**REPEAT VIOLATION LSR DATED 10/27/2022 AND CAP DATED 11/17/2022**

#### **IV. RECOMMENDATION**

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



11/12/2024

\_\_\_\_\_  
Date

Licensing Consultant

Approved by:



11/18/2024

\_\_\_\_\_  
Date

Ardra Manager