



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 9, 2025

Betty Mackie  
Henrys Inc.  
P.O. Box 81733  
Rochester, MI 48308

RE: License #: AS820243816  
**Henrys Inc. Spring Arbor**  
**30109 Spring Arbor**  
**Inkster, MI 48141**

Dear Ms. Mackie:

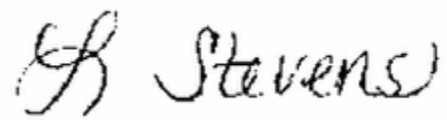
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (313) 456-0380.

Sincerely,

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

LaKeitha Stevens, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3055

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820243816
<b>Licensee Name:</b>	Henrys Inc.
<b>Licensee Address:</b>	P.O. Box 81733 Rochester, MI 48308
<b>Licensee Telephone #:</b>	(313) 910-2951
<b>Licensee/Licensee Designee:</b>	Betty Mackie, Designee
<b>Administrator:</b>	
<b>Name of Facility:</b>	Henrys Inc. Spring Arbor
<b>Facility Address:</b>	30109 Spring Arbor Inkster, MI 48141
<b>Facility Telephone #:</b>	(734) 721-7164
<b>Original Issuance Date:</b>	04/16/2002
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/07/2025

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 0

No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
A worksheet inspection was completed.
- 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.  
A full worksheet inspection was completed.
- 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.  
N/A
- 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 400.14301**      **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 inspection resident D.A. did not have a 2023 health care appraisal available for review.

**R 400.14316**      **Resident records.**

**(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:**

**(a) Identifying information, including, at a minimum, all of the following:**

**(i) Name.**

**(ii) Social security number, date of birth, case number, and marital status.**

**(iii) Former address.**

**(iv) Name, address, and telephone number of the next of kin or the designated representative.**

**(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.**

(vi) Name, address, and telephone number of the preferred physician and hospital.

(vii) Medical insurance.

(viii) Funeral provisions and preferences.

(ix) Resident's religious preference information.

(b) Date of admission.

(c) Date of discharge and the place to which the resident was discharged.

(d) Health care information, including all of the following:

(i) Health care appraisals.

(ii) Medication logs.

(iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.

(iv) A record of physician contacts.

(v) Instructions for emergency care and advanced medical directives.

(e) Resident care agreement.

(f) Assessment plan.

(g) Weight record.

(h) Incident reports and accident records.

(i) Resident funds and valuables record and resident refund agreement.

(j) Resident grievances and complaints.

At the time inspection resident D.A. did not have a completed identification record in his file.

**R 400.14316**

**(2) Resident records shall be kept on file in the home for 2 years after the date of a resident's discharge from a home.**

At the time of inspection resident T.F. discharge file was not available for review.

#### **IV. RECOMMENDATION**

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

*L Stevens*

01/09/2025

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LaKeitha Stevens  
Licensing Consultant

Date