



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 10, 2025

Charlotte Logan
Alternative Home Care Solutions, LLC
4320 Cortland
Detroit, MI 48204

RE: License #: AS820317743
Woodingham Manor
18461 Woodingham
Detroit, MI 48221

Dear Ms. Logan:

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 blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, MSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820317743

Licensee Name: Alternative Home Care Solutions, LLC

Licensee Address: P.O. Box 04537
Detroit, MI 48204

Licensee Telephone #: (313) 491-5525

Licensee/Licensee Designee: Charlotte Logan

Administrator: Karla Bowie

Name of Facility: Woodingham Manor

Facility Address: 18461 Woodingham
Detroit, MI 48221

Facility Telephone #: (313) 862-0564

Original Issuance Date: 07/11/2012

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/08/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 03

No. of others interviewed 01 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
Medication administered prior to my arrival.
- 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:
01/26/23: 401(2), 410(2) 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 400.14205 **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 physician's 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.

3 of 3 employee records reviewed had at-hire physicals completed before each worker's start date. Specifically, DCW Gregory Kelly was hired on 10/7/24; his physical exam is dated 6/10/24 which is approximately 4 months prior to his start date, DCW James Shirley was hired on 11/1/24; his physical exam is dated 8/3/24 which is approximately 3 months prior to his start date, DCW Christopher Dewberry was hired on 2/15/24; his physical exam is dated 2/9/24 which is a few days prior to his start date.

R 400.14207 **Required personnel policies.**

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

2 out of 3 employee records had no verification of receipt of personnel policies and procedures.

R 400.14210 **Resident register.**

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

- (a) Date of admission.
- (b) Date of discharge.

(c) Place and address to which the resident moved, if known.

The Resident Register is not up to date. Observed at least 10 residents that had been discharged from the facility, but the discharge date was not included on the Register, so it appears those residents are still in care.

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.

Licensee did not use a department health care appraisal form to document Resident M.S. exam results.

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.

No SLEEP drill was conducted during the 3rd quarter of 2024.

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.

Observed locking against egress hardware on 1 of 3 bedroom doors.

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.**

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

Observed multiple (5) smoke detectors that chirped throughout the duration of the inspection. Administrator, Karla Bowie acknowledged the detectors require service, so she reported that an appointment has been scheduled to have each detector examined.

IV. RECOMMENDATION

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



01/10/25

Kara Robinson
Licensing Consultant

Date