

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 21, 2025

Judith Alemnjuh Five Star Residential, Inc. 22190 Sussex Street Oak Park, MI 48237

RE: License #: AS630352375

Sussex Home

22190 Sussex Street Oak Park, MI 48237

Dear Ms. Alemnjuh:

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 (248) 975-5053.

Sincerely,

Sara Shaughnessy, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (248) 320-3721

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

I. IDENTIFYING INFORMATION

License #: AS630352375

Licensee Name: Five Star Residential, Inc.

Licensee Address: 22190 Sussex Street

Oak Park, MI 48237

Licensee Telephone #: (248) 421-2735

Licensee/Licensee Designee: Judith Alemnjuh

Administrator:

Name of Facility: Sussex Home

Facility Address: 22190 Sussex Street

Oak Park, MI 48237

Facility Telephone #: (248) 421-2735

Original Issuance Date: 09/23/2014

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 02/19/2 | 2025 | |
|------|--|----------|----------------------------|--|
| Date | e of Bureau of Fire Services Inspection if appl | licable: | NA | |
| Date | e of Health Authority Inspection if applicable: | NA | | |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee | e | 1 0 | |
| • | Medication pass / simulated pass observed? | Yes ⊠ |] No ☐ If no, explain. | |
| • | Medication(s) and medication record(s) revie | wed? Y | ∕es ⊠ 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. The onsite inspection did not take place during a mealtime, adequate food was observed. Fire drills reviewed? Yes No If no, explain. | | | |
| • | Fire safety equipment and practices observe | d? Yes | No □ If no, explain. | |
| • | E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □ | • / | | |
| • | Incident report follow-up? Yes ⊠ No ☐ If | no, expl | ain. | |
| • | Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up? | | CAP date/s and rule/s: | |
| • | Variances? Yes ☐ (please explain) No ☐ | N/A 🖂 | | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| This facility was for | und to be in non-compliance with the following rules: | | |
|--|--|--|--|
| R 400.14401 | Environmental health. | | |
| | (2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet. | | |
| The temperature of the water coming from the kitchen sink was measured at 143 degrees F, and the temperature in the sink in the resident bathroom was measured at 140 degrees F. | | | |
| R 400.14511 | Flame-producing equipment; enclosures. | | |
| | (2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware. | | |
| The door to the furnace room was automatic self-closing but failed to latch. | | | |

IV. RECOMMENDATION

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

Sara Shaughnessy

Licensing Consultant

Date 02/21/2025