



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 18, 2025

Michael Fields  
Advanced Teaching Concepts Inc  
P.O. Box 158  
South Lyon, MI 48178

RE: License #: AS630075843  
Oakland Home  
231 S Adams  
Rochester Hills, MI 48309

Dear Michael Fields:

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:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

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 (248) 975-5053.

Sincerely,

A handwritten signature in dark ink that reads "Kristen Donnay". The signature is written in a cursive style with a large, looped "D" and a trailing flourish.

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630075843
<b>Licensee Name:</b>	Advanced Teaching Concepts Inc
<b>Licensee Address:</b>	60674 Russell Lane South Lyon, MI 48178
<b>Licensee Telephone #:</b>	(248) 486-5368
<b>Licensee Designee/Administrator:</b>	Michael Fields
<b>Name of Facility:</b>	Oakland Home
<b>Facility Address:</b>	231 S Adams Rochester Hills, MI 48309
<b>Facility Telephone #:</b>	(248) 375-8039
<b>Original Issuance Date:</b>	11/13/1997
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/18/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed 2 Role: Licensee designee

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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.  
Inspection did not occur during meal time
- 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:  
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:

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

During the onsite inspection, health care appraisals for Resident M and Resident T were not completed annually (Resident M's health care appraisals dated: July 2023 and November 2024; Resident T's health care appraisals dated: January 2023 and July 2024). Resident T's health care appraisals were not completed on the department form.

#### **REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report Dated: 03/15/2023; CAP Dated: 03/15/2023**

<b>R 400.14310</b>	<b>Resident health care.</b>
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

During the onsite inspection, there were no weights recorded for Resident M or Resident T for June, July, and August 2023.

#### **REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report Dated: 03/15/2023; CAP Dated: 03/15/2023**

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> <li>(i) The medication.</li> <li>(ii) The dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> </ul>

During the onsite inspection, Resident M's March 2025 medication administration record (MAR) had Ammonium Lactate Cream 12% listed as a medication prescribed twice daily, and as a PRN to be applied as needed. The medication is not prescribed as a PRN. Resident M's March 2025 MAR also listed Mupirocin cream 2% as a PRN, but the label instructions stated to apply twice daily.

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.</p>

During the onsite inspection, Resident T had a bottle of Atorvastatin 10mg pills in her medication basket, which expired on 04/23/24.

<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<p>(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.</p>

During the onsite inspection, substitutions were not noted on the menus in the home.

A corrective action plan was requested and approved on 03/18/2025. 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.

A handwritten signature in dark ink that reads "Kristen Donnay". The signature is written in a cursive style with a large, looped 'D'.

03/18/2025

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Kristen Donnay  
Licensing Consultant

Date