



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 16, 2024

Charmaine Wichmann
420 Hill Top
White Lake, MI 48386

RE: License #: AF630079558
Hill Top House
420 Hill Top
White Lake, MI 48386

Dear Ms. Wichmann:

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,

A handwritten signature in blue ink that reads "Sara E. Shaughnessy". The signature is fluid and cursive, with the first name "Sara" being the most prominent.

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 #:	AF630079558
Licensee Name:	Charmaine Wichmann
Licensee Address:	420 Hill Top White Lake, MI 48386
Licensee Telephone #:	(248) 698-3877
Licensee/Licensee Designee:	N/A
Administrator:	Charmaine Wichmann
Name of Facility:	Hill Top House
Facility Address:	420 Hill Top White Lake, MI 48386
Facility Telephone #:	(248) 252-4344
Original Issuance Date:	07/13/1998
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/03/2024

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: 06/04/2024

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
No residents are currently in the home.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
There was no MAR for the resident who is temporarily out of the home.
- 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.
No residents are currently in the home.
- 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:	
R 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.
	(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.
At the time of the onsite inspection, there were no resident care agreements for 2023 and 2024. The most recent one was from 2020.	
R 400.1418	Resident medications.
	(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions: (a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years. (b) Not adjust or modify a resident's prescription medication without agreement and instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any adjustments or modifications of a resident's prescription medication.

The licensee stated Resident A is not prescribed any medication, therefore, there is no MAR. While looking at Resident A's doctor visits, it was noted on one that she had a prescription for Metropol. The licensee stated Resident A was on it briefly and it was discontinued due to side effects, there was no documentation indicating when the medication began, the dosage, or instructions, there was also no documentation indicating when it was discontinued.	
R 400.1426	Maintenance of premises.
	(9) Handrails and nonskid surfacing shall be installed in showers and bath areas.
During the onsite inspection, I did not observe any handrails in the shower and bath area.	
R 400.1405	Health of a licensee, responsible person, and member of the household.
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.
There is no verification within the past three years, that the responsible person, Tim Morris, is free from communicable tuberculosis.	

IV. RECOMMENDATION

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



12/09/2024

Sara Shaughnessy
Licensing Consultant

Date