

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 4, 2025

Martha Lum Horizon House Inc 5565 Kensington Detroit, MI 48224

> RE: License #: AS820094099 Horizon House 5565 Kensington Detroit, MI 48224

Dear Ms. Lum:

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:

• An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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 (313) 456-0380.

Sincerely,

Shatonla Daniel

Shatonla Daniel, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-3003

> 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

# I. IDENTIFYING INFORMATION

License #:	AS820094099
Licensee Name:	Horizon House Inc
Licensee Address:	5565 Kensington Detroit, MI 48224
Licensee Telephone #:	(313) 640-1965
Licensee/Licensee Designee:	Martha Lum
Administrator:	Martha Lum
Name of Facility:	Horizon House
Facility Address:	5565 Kensington Detroit, MI 48224
Facility Telephone #:	(313) 640-1965
Original Issuance Date:	11/01/2000
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):

04/03/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observedNo. of residents interviewed and/or observedNo. of others interviewed1Role:Licensee Designee

- Medication(s) and medication record(s) reviewed? Yes  $\boxtimes$  No  $\square$  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.
  No resident present during the inspection
- Fire drills reviewed? Yes 🛛 No 🗌 If no, explain.
- Fire safety equipment and practices observed? Yes  $\boxtimes$  No  $\square$  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  $\boxtimes$
- 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 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following: (a) Improve the score to at least the "slow" category.

At the time of inspection, licensee designee did not complete evacuation assessments within 30 days after the admission for Resident B.

#### 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 of inspection, Resident A's record reviewed did not contain a health care appraisal completed on a departmental form for 2023.

A corrective action plan was requested and approved on 04/03/2025. 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 and special certification.

## IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Shatorla Daniel

04/04/2025

Shatonla Daniel Licensing Consultant Date