



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 14, 2017

Keta Cowan
Synod Residential Services
P.O. Box 980465
Ypsilanti, MI 48197

RE: License #: AS630084857
Prosperity House
273 S Coats Rd
Oxford, MI 48371

Dear Ms. Cowan:

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 cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630084857
Licensee Name:	Synod Residential Services
Licensee Address:	P.O. Box 980465 Ypsilanti, MI 48198-0465
Licensee Telephone #:	(734) 483-9363
Licensee Designee:	Keta Cowan
Name of Facility:	Prosperity House
Facility Address:	273 S Coats Rd Oxford, MI 48371
Facility Telephone #:	(248) 969-1553
Original Issuance Date:	04/29/1999
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f) Verification of reference checks.

The employee file for Folorunso Adiyelogun did not contain verification of two reference checks.

R 400.14312	Resident medications.
	(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: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Resident A's medication record was not initialed for the 8:00pm dose of Zoloft 100mg on 10/20/17. Resident B's medication record was not initialed for Valporic Acid on 11/22/17 at 8:00am or 10/18/17 at 8:00pm. Resident B's medication log was not initialed for Clozapine 100mg on 10/13/17 at 8:00pm.

R 400.14407	Bathrooms.
	(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

During the onsite inspection, the door to Bathroom #1 was not equipped with non-locking against egress hardware.

IV. RECOMMENDATION

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



12/14/17

Kristen Donnay
Licensing Consultant

Date