



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 20, 2017

Kelly Scanlon  
Peckham Voc. Industries Inc. - d/b/a Peckham, Inc.  
3510 Capital City Blvd.  
Lansing, MI 48906

RE: License #: AS230091383  
**House Of Ruth**  
**625 Tirrell Highway**  
**Charlotte, MI 48813**

Dear Ms. Scanlon:

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 and special certification 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

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

**I. IDENTIFYING INFORMATION**

**License #:** AS230091383

**Licensee Name:** Peckham Voc. Industries Inc. - d/b/a  
Peckham, Inc.

**Licensee Address:** 3510 Capital City Blvd.  
Lansing, MI 48906

**Licensee Telephone #:** (517) 541-8849

**Licensee Designee:** Kelly Scanlon

**Administrator:** Melissa Cummings

**Name of Facility:** House Of Ruth

**Facility Address:** 625 Tirrell Highway  
Charlotte, MI 48813

**Facility Telephone #:** (517) 541-8849

**Original Issuance Date:** 06/14/2000

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED

**Certified Programs:** DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/13/2017

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Environmental/Health Inspection if applicable: Not applicable

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Administrator

- 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.  
On site inspection did not occur at meal time. Menus and food available at the facility were observed.
- 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:  
6/27/17; 301 (4) 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 400.14301      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.**

Though the administrator stated all residents had an annual physical, four of six resident records did not contain documentation of a current health care appraisal.

**R 400.14402      Food service.**

**(4) All food service equipment and utensils shall be constructed of material and that is nontoxic, easily cleaned and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.**

At the time of the onsite inspection, the handle to the microwave was broken, which will need to be repaired or replaced.

**R 400.14403 Maintenance of premises.**

**(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.**

At the time of the onsite inspection, a rip in the carpet was observed where the living room meets the hallway. The rip had been repaired with tape. The rip in the carpet must be repaired permanently, or the flooring replaced.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license and special certification to this AFC adult small group home.



12/20/17

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Leslie Barner  
Licensing Consultant

Date