



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 20, 2020

Ira Combs, Jr.
Christ Centered Homes, Inc.
327 West Monroe Street
Jackson, MI 49202

RE: License #: AS380315756
Hill Place Home
1025 Hill Place
Jackson, MI 49202

Dear Mr. Combs, Jr.:

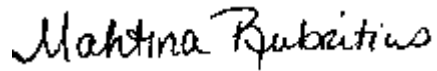
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius". The signature is written in a cursive style with a large initial 'M'.

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AS380315756

Licensee Name: Christ Centered Homes, Inc.

Licensee Address: 327 West Monroe Street
Jackson, MI 49202

Licensee Telephone #: (517) 499-6404

Licensee/Licensee Designee: Ira Combs, Jr.

Administrator: Ira Combs, Jr.

Name of Facility: Hill Place Home

Facility Address: 1025 Hill Place
Jackson, MI 49202

Facility Telephone #: (517) 795-1603

Original Issuance Date: 09/19/2013

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): Virtual Renewal Inspection - 05/13/2020

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed **3**

No. of residents interviewed and/or observed **2**

No. of others interviewed **1** Role: Administrative staff member

- 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.
The Virtual Renewal Inspection was not concurrent with the mealtimes.
- 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.
During the Virtual Renewal Inspection, staff reported that the hot water temperature was 120 degrees Fahrenheit.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
R 400.14315 (3), R 400.14318 (5) and R 400.14401 (2) 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 330.1803 Facility environment; fire safety.

(2) A facility that has a capacity of 3 or fewer clients shall be equipped with an assured alarm that has detectors located at least on each level of the home, including basements, but excluding crawl spaces and unfinished attics, and in each common use area and outside each sleeping area. To be assured, the alarm shall be easily heard in all locations of the home, including during times where there is background noise that may detract from hearing the alarm, for example, laundry equipment operation or vacuuming. The assured alarm is not required to be interconnected.

- When tested, the smoke detector in the kitchen was not audible, as the battery had been removed. Staff replaced the battery prior to the completion of the inspection.

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.

- There was no annual health care appraisal contained within Resident A's file (or available for review).

R 400.14310

Resident health care.

(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.

- There was no documentation to demonstrate that Resident A had been weighed in 2018 and the majority of 2019. The weight records reviewed reflected that Resident A had been weighed, each month, beginning in December of 2019 until present.

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:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

- The medication logs were reviewed, and it was noted that Resident A was prescribed a medication that was to be administered daily at 8:00 p.m. A direct care staff member initialed the medication log, prior to administering the medication. The medications were checked, and the tablet, for that day, was still in the bubble pack.

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.

- The kitchen flooring, in front of the refrigerator, was peeling and required repair or replacement.

IV. RECOMMENDATION

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

Mahtina Rubritius

5/20/2020

Mahtina Rubritius
Licensing Consultant

Date