

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 28, 2021

Shadona Lang Reality Response LLC 1961 Longfellow Street Detroit, MI 48206

RE: License #: AS820382187

Edward Suites 16075 Edward

Highland Park, MI 48238

Dear Ms. Lang:

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, Shatorla Daniel

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

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

#### I. IDENTIFYING INFORMATION

**License #:** AS820382187

Licensee Name: Reality Response LLC

**Licensee Address:** 1961 Longfellow Street

Detroit, MI 48206

**Licensee Telephone #:** (313) 465-2125

Licensee/Licensee Designee: Shadona Lang

Administrator: Shadona Lang

Name of Facility: Edward Suites

Facility Address: 16075 Edward

Highland Park, MI 48238

**Facility Telephone #:** (313) 852-3612

Original Issuance Date: 11/01/2016

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

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# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		04/27/2021	
Date of Bureau of Fire Ser	vices Inspection if appl	olicable:	
Date of Health Authority In	spection if applicable:		
Inspection Type:	☐ Interview and Obs	oservation 🔀 Worksheet Full Fire Safety	
No. of staff interviewed and No. of residents interviewed No. of others interviewed		2 5	
Inspection not comple	ted during medication	? Yes ☐ No ⊠ If no, explain. administration time. ewed? Yes ⊠ No ☐ If no, expla	air
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ∑ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ∑ If no, explain. Inspection completed not during meal service.</li> <li>Fire drills reviewed? Yes ∑ No ☐ If no, explain.</li> </ul>			
Fire safety equipment	and practices observe	ed? Yes 🗵 No 🗌 If no, explain.	
If no, explain.	Special Certification Or hecked? Yes ⊠ No [	nly) Yes ⊠ No □ N/A □ □ □ If no, explain.	
Incident report follow-report follow-re	up? Yes⊠ No ☐ If	no, explain.	
N/A	compliance verified?	Yes ☐ CAP date/s and rule/s:	
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## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 400.14507 Means of egress generally.

(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.

Observed Resident bedroom #5 to not be equipped with positive latching hardware.

## IV. RECOMMENDATION

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

Shatonla Daniel Date
Licensing Consultant