

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

ORLENE HAWKS DIRECTOR

February 11, 2021

Heather Rae Common Ground Sanctuary 1410 South Telegraph Bloomfield Hills, MI 48302

> RE: License #: AL630337378 Resource & Crisis Center Bldg. 32E 1200 N. Telegraph Pontiac, MI 48341

Dear Ms. Rae:

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 (248) 975-5053.

Sincerely,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (248) 505-8036

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

I. IDENTIFYING INFORMATION

License #:	AL630337378
Licensee Name:	Common Ground Sanctuary
Licensee Address:	1410 South Telegraph Bloomfield Hills, MI 48302
Licensee Telephone #:	(248) 456-8128
Licensee/Licensee Designee:	Heather Rae
Administrator:	Heather Rae
Name of Facility:	Resource & Crisis Center
Facility Address:	Bldg. 32E 1200 N. Telegraph Pontiac, MI 48341
Facility Telephone #:	(248) 456-8150
Original Issuance Date:	03/04/2014
Capacity:	16
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	02/09/2021	
Date of Bureau of Fire Services Inspection if applicable: 07/24/2020		
Date of Health Authority Inspection if applicable:	N/A	
Inspection Type: Interview and Observation	on 🛛 Worksheet 🔲 Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 4 Role: licensee design	8 10 nee & management	
 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 I If no, explain. Meal preparation / service observed? Yes No X If no, explain. The inspection did not occur during a meal time. Fire drills reviewed? Yes No I If no, explain. 		
• Fire safety equipment and practices observed? Yes	s 🖂 No 🗌 If no, explain.	
 E-scores reviewed? (Special Certification Only) Yes If no, explain. Water temperatures checked? Yes X No I If no 		
 Incident report follow-up? Yes ⊠ No □ If no, exp 	lain.	
 Corrective action plan compliance verified? Yes Renewal 03/2019- al203(1), al204(3), al205(6), al30 al403(11), al313(4), al315(3), and al318(5) N/A Number of excluded employees followed-up? 		
 Variances? Yes X (please explain) No N/A al312(1)- This facility is allowed to have house media] ications.	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was fo	ound to be in non-compliance with the following rules:
MCL 400.734b	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(i), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

I reviewed three employee files. Staff Erin Schlitt, Rebecca Thompson and Angela Hunt-Coopwood were fingerprinted under Common Ground Sanctuary (AM630069090), a now closed facility. These employees must be fingerprinted under the active license Resource & Crisis Center (AL630337378).

R 330.1803	Facility environment; fire safety.
	(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.
The length of the e	evacuation was not documented for the following fire drills:
 All drills in the 3rd and 4th quarter of 2020 The drills conducted during 1st and 3rd shift in 4th quarter of 2019. The drill conducted during 3rd shift in 3rd quarter of 2019. The drills conducted during 1st and 3rd shift in 2nd quarter of 2019. There were no fire drills conducted during the following shifts in the listed quarters: There were no fire drills conducted in 1st and 2nd quarter of 2020. There was no fire drill conducted during 2nd shift in 4th quarter of 2019. 	
2019. • There was	s no fire drill during 1 st shift in 2 nd quarter of 2019.
REPEAT VIOLATION. LSR 03/12/2019. CAP 04/03/2019.	
R 400.15203	Licensee and administrator training requirements.
	 (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program
	statement.

REPEAT VIOLATION. LSR 03/12/2019. CAP 04/03/2019.

R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.
Ms. Rae's last TB	test was in 2016.
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	 (6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following: (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal. (b) A description of services to be provided and the fee for the service. (c) A description of additional costs in addition to the basic fee that is charged. (d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost. (e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission. (f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule. (g) An agreement by the resident to follow the house rules that are provided to him or her.

	(h) An agreement by the licensee to respect and
	safeguard the resident's rights and to provide a written
	copy of these rights to the resident.
	(i) An agreement between the licensee and the
	resident or the resident's designated representative to
	follow the home's discharge policy and procedures.
	(j) A statement of the home's refund policy. The
	home's refund policy shall meet the requirements of
	R400.15315.
	(k) A description of how a resident's funds and
	valuables will be handled and how the incidental needs of
	the resident will be met.
	(I) A statement by the licensee that the home is
	licensed by the department to provide foster care to adults.
I reviewed two rea	identifies. There was no varification a Desident Care Agreement

I reviewed two resident files. There was no verification a Resident Care Agreement, that covered all the listed items above, was conducted for Resident R and S.

REPEAT VIOLATION. LSR 03/12/2019. CAP 04/03/2019.

R 400.15312	Resident medications.
	(4)(a) Be trained in the proper handling and administration of medication.

There was no verification staff Rebeca Thompson completed a medication administration training.

R 400.15312	Resident medications.
	(4)(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

Staff did not document the reason for administration of the following medications to Resident S:

- Ibuprofen 800mg at 6:35pm on 02/01/2021, 9:50pm on 02/06/2021 and 2pm on 02/07/2021
- Zofran 4mg at 12:30pm on 02/02/2021, 6:00pm on 02/05/2021 and 11:00am on 02/06/2021
- Multivitamin (unknown dose) at 4pm on 02/03/2020

REPEAT VIOLATION. LSR 03/12/2019. CAP 04/03/2019.

IV. RECOMMENDATION

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

02/11/2021

DaShawnda Lindsey Licensing Consultant Date