



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 19, 2021

David Call
Freedom Adult Foster Care Corp.
PO Box 1588
Clarkston, MI 48347

RE: License #: AS630012344
Traci AIS Group Home
777 W. Predmore
Oakland Township, MI 48363

Dear Mr. Call:

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 designee 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". The signature is written in a dark ink and is positioned below the word "Sincerely,".

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 #:	AS630012344
Licensee Name:	Freedom Adult Foster Care Corp.
Licensee Address:	3990 Bird Road Clarkston, MI 48348
Licensee Telephone #:	(248) 625-7923
Licensee Designee:	David Call
Name of Facility:	Traci AIS Group Home
Facility Address:	777 W. Predmore Oakland Township, MI 48363
Facility Telephone #:	(248) 693-7777
Original Issuance Date:	11/17/1982
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/19/2021

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

Date of Environmental/Health Inspection if applicable: 05/24/2021

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 1

No. of others interviewed N/A Role: [REDACTED]

- 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.
Inspection did not occur during meal time
- 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:
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.
	<p>(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.</p>

During the onsite inspection, the smoke detection system was not functioning properly. Two pull stations were pulled, and the fire alarm did not activate.

R 400.14312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (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.

During the onsite inspection:

- Resident M had Polyethylene Glycol 3350 (MiraLAX) in her medication bin. The medication was not listed on the medication administration record. The home manager indicated that the medication was being passed, but it had

been discontinued. Staff did not initial the medication log to indicate that the medication was administered.

- Resident M’s February 2021 medication log had Vitamin D3 and Ziprasidone listed twice in error. Staff initialed the medication log for these medications twice until 02/15/21 when the error was identified.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 10/07/2019; CAP Dated: 10/22/2019

R 400.14312	Resident medications.
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

During the onsite inspection, I observed that Resident M had Polyethylene Glycol 3350 in her medication bin. The medication was not listed on the medication log. The medication label stated that it was prescribed on 06/04/20 and had a use by date of 06/04/21. The home manager contacted the pharmacy who indicated that the medication had been discontinued and Docusate was prescribed instead. The medication was not properly disposed of after it was discontinued.

R 400.14316	Resident records.
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: <ul style="list-style-type: none"> (d) Health care information, including all of the following: <ul style="list-style-type: none"> (ii) Medication logs. (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures. (g) Weight record.

During the onsite inspection:

- Resident L’s July 2021 medication log could not be located.
- Resident M’s August 2020 and November 2020 medication logs could not be located.
- There were no instructions or orders on file to show that Resident M’s Polyethylene Glycol 3350 was discontinued.
- Resident weights were being recorded on the medication logs, which could not be located during the inspection. Weights were not transcribed onto the weight record form.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 10/07/2019; CAP Dated: 10/22/2019

R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection:

- The bathtub in bathroom #1 was rust stained and the glaze was worn off.
- There was a cabinet door missing in bathroom #2.
- There was a kitchen cabinet and drawer missing. One of the kitchen cabinets was missing a handle and the cabinet door was cracked.
- The kitchen countertop was warped and peeling up.
- The stain on the back deck was peeling and worn. There were several warped/loose boards on the back deck.
- The screen door leading to the back deck was not installed. The home manager indicated that it frequently falls off the track.
- There was a loose board on the wooden front walkway.
- The paint and stain on the front deck and handrails was worn and peeling.
- There were nails sticking up on the wooden handrails on the stairway to the front deck.
- The shutters by the front door were cracked and broken.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 10/07/2019; CAP Dated: 10/22/2019

R 400.14403	Maintenance of premises.
	(10) Scatter or throw rugs on hard finished floors shall have a nonskid backing.

During the onsite inspection, the rug in bedroom #1 did not have nonskid backing.

R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.
	(6) For new construction, conversions, and changes of category, approved smoke detectors shall be installed in accordance with the requirements contained in the publication of the national fire protection association entitled "NFPA 101, Life Safety Code, 1988, shall be powered from the building's electrical system,

	and, when activated, shall initiate an alarm that is audible in all sleeping rooms with the door closed. Detectors shall be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional detectors shall be installed in living rooms, dens, dayrooms, and similar spaces.
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During the onsite inspection, the smoke detection system was not functioning properly. Two pull stations were pulled, and the fire alarm did not activate.

IV. RECOMMENDATION

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



08/19/2021

Kristen Donnay
Licensing Consultant

Date