

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 11, 2021

Paul Breakie Groveland Quality Care LLC 4770 Groveland Road Ortonville, MI 48462

RE: License #: AS630261635

Groveland Quality Care LLC 4770 Groveland Road Ortonville, MI 48462

Dear Mr. Breakie:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

A corrective action plan was requested and approved on 08/11/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

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,

Sheena Bowman, Licensing Consultant Bureau of Community and Health Systems

Theerer Browner

4th Floor, Suite 4B

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Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License#: AS630261635

Licensee Name: Groveland Quality Care LLC

Licensee Address: 4770 Groveland Road

Ortonville, MI 48462

Licensee Telephone #: (248) 627-6876

Licensee/Licensee Designee: Paul Breakie

Administrator: Paul Breakie

Name of Facility: Groveland Quality Care LLC

Facility Address: 4770 Groveland Road

Ortonville, MI 48462

Facility Telephone #: (248) 627-6876

Original Issuance Date: 07/21/2004

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 08/11/2021
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date	e of Health Authority Inspection if applicable: 05/03/21
Insp	pection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:
•	Medication pass / simulated pass observed? Yes \boxtimes No \square 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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. It was not meal time during the onsite. Fire drills reviewed? Yes \boxtimes No \square If no, explain.
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes No N/A In N/A Water temperatures checked? Yes No If no, explain.
•	Incident report follow-up? Yes ⊠ No ☐ If no, explain.
•	Corrective action plan compliance verified? Yes \boxtimes CAP date/s and rule/s: CAP approved 07/31/19; 301(8), 301(4), 403(1), 301(10), 205(4), 203(1), 312(4)(b), 312(4)(c), 315(3), 407(1), 507(5) N/A \square Number of excluded employees followed-up? N/A \boxtimes
•	Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in non-compliance with the following applicable rules and statutes.

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:
- (a) Be trained in the proper handling and administration of medication

Verification for completing a medication administration training was not provided for staff member Socorro Balderas.

R 400.14203 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.
- (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

REPEAT VIOLATION: Renewal Licensing Study Report dated 08/02/19; CAP approved 07/31/19.

The licensee designee did not complete any 2020 trainings & the administrator did not complete any trainings in 2019 or 2020.

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in

a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

The fire door is not equipped with positive latching hardware as it does not close properly.

R 400.14407 Bathrooms.

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(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

The ventilation system in both bathrooms are not working properly.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Sheena Bowman

Licensing Consultant

08/11/21 Date