



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 23, 2021

Hope Lovell  
LoveJoy Special Needs Center Corporation  
17141 New Jersey Street  
Southfield, MI 48075

RE: License #: AS820294204  
**Dolores Residential Care**  
**17101 Dolores St.**  
**Livonia, MI 48152**

Dear Ms. Lovell:

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 cursive script that reads "Shatonla 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**

<b>License #:</b>	AS820294204
<b>Licensee Name:</b>	LoveJoy Special Needs Center Corporation
<b>Licensee Address:</b>	17141 New Jersey Street Southfield, MI 48075
<b>Licensee Telephone #:</b>	(517) 574-4693
<b>Licensee/Licensee Designee:</b>	Hope Lovell
<b>Administrator:</b>	Thala Proffet
<b>Name of Facility:</b>	Dolores Residential Care
<b>Facility Address:</b>	17101 Dolores St. Livonia, MI 48152
<b>Facility Telephone #:</b>	(734) 469-4019
<b>Original Issuance Date:</b>	04/07/2008
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/18/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed  
No. of others interviewed 2 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
No residents in the facility at inspection
- 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.  
No residents in the facility at the inspection
- 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:  
806 (2), 208(1), 301(10), 310(3), 312(4b), 315(3), 403(1), 407 (1), 408 (4), 410(1)  
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 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.

At the time of inspection, the Licensee Designee and Administrator failed to participate in, and successfully complete, 16 hours of training and/or 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.

#### **R 400.14204      Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(d) Personal care, supervision, and protection.

At the time of inspection, Staff- Lucinda Thompkins record reviewed did not contain training in personal care, supervision, and protection.

#### **R 400.14204      Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing

assigned tasks, which shall include being competent in all of the following areas:

- (g) Prevention and containment of communicable diseases.

At the time of inspection, Staff- Lucinda Thompkins record reviewed did not contain training in prevention and containment of communicable diseases.

**R 400.14306            Use of assistive devices.**

- (3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

At the time of inspection, I observed two raised toilet sits for Resident B. However, Resident B does not have an authorization for assistive device usage from a licensed physician.

**R 400.14311            Investigation and reporting of incidents, accidents, illnesses, absences, and death.**

- (1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:

- (a) The death of a resident.
  - (b) Any accident or illness that requires hospitalization.
  - (c) Incidents that involve any of the following:
    - (i) Displays of serious hostility.
    - (ii) Hospitalization.
    - (iii) Attempts at self-inflicted harm or harm to others.
    - (iv) Instances of destruction to property.
  - (d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the Public Acts of 1988.

At the time of inspection, Resident A's record reviewed showed two incident reports that took place in May 2020. These incident reports were not sent to the department.

**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.

At the time of inspection, Resident A's medication administration record reviewed and showed Valporic Acid 250mg/5ml to be administered three times a day. The staff were not properly documenting that Resident A was refusing, spitting/pouring out this medication almost daily. Therefore, Resident A had ran out of medication before the end of the month.

**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.

At the time of inspection, I observed the front burner and the stove to be inoperable.

**R 400.14403      Maintenance of premises.**

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At the time of inspection, I observed resident walls for bedrooms one, two, and four to be dust covered with cobwebs. In addition, observed bathroom walls to have cobwebs and dust covered.

**R 400.14507      Means of egress generally.**

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

At the time of inspection, I observed resident doors for bedrooms one and four to not be equipped with non-locking against egress hardware. Also, both resident bathroom doors were observed to be not equipped with non-locking against egress hardware.

**IV. RECOMMENDATION**

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



08/23/2021

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Shatonla Daniel  
Licensing Consultant

Date