

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 31, 2021

Desiree Santiago Virtuoso Management, LLC 20298 Beacon Way Northville, MI 48167

RE: License #: AS820379695

Virtuoso Care

6330 McGuire Street Taylor, MI 48180

Dear Ms. Santiago:

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.
- You are to submit a Statement of Correction.

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

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,

Edith Richardson, Licensing Consultant

Zace ARhe

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd

Detroit, MI 48202

(313) 919-1934

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AS820379695

Licensee Name: Virtuoso Management, LLC

Licensee Address: 20298 Beacon Way

Northville, MI 48167

Licensee Telephone #: (248) 952-4011

Licensee/Licensee Designee: Desiree Santiago

Administrator: Desiree Santiago

Name of Facility: Virtuoso Care

Facility Address: 6330 McGuire Street

Taylor, MI 48180

Facility Telephone #: (248) 952-4011

Original Issuance Date: 08/10/2016

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/20/2021	
Date of Bureau of Fire Services Inspection if applicable:	
Date of Health Authority Inspection if applicable:	
Insp	ection Type:
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	
•	Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $igtimes$ No $igcup$ If no, explain
	Resident funds and associated documents reviewed for at least one resident? Yes No I f no, explain. Meal preparation / service observed? Yes No I f no, explain.
•	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. N/A
	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 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The hot water temperature exceeded 140 degrees Fahrenheit.

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.

An electrical outlet in Resident A's bedroom did not have a cover plate.

The handle on the stove was broken.

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

The repair to the wall in the hallway was incomplete.

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.

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

A smoke detector was chirping.

A corrective action plan was requested and approved on 08/31/2021. 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 and special certification.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).

Edith Richardson

Licensing Consultant

Zace RRhe

08/31/2021

Date