



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 25, 2021

Daniel Phillips  
Covenant Enabling Res of MI Inc.  
862 Forest Park Road  
Muskegon, MI 49441

RE: License #:	AS610089223 Mary's House 862 Forest Park Road Muskegon, MI 49441-4631
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Dear Mr. Phillips:

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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS610089223
<b>Licensee Name:</b>	Covenant Enabling Res of MI Inc.
<b>Licensee Address:</b>	862 Forest Park Road Muskegon, MI 49441
<b>Licensee Telephone #:</b>	(616) 550-1643
<b>Licensee/Licensee Designee:</b>	Daniel Phillips, Designee
<b>Administrator:</b>	Daniel Phillips
<b>Name of Facility:</b>	Mary's House
<b>Facility Address:</b>	862 Forest Park Road Muskegon, MI 49441-4631
<b>Facility Telephone #:</b>	(231) 780-9144
<b>Original Issuance Date:</b>	05/31/2001
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/13/2021

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

Date of Health Authority Inspection if applicable: N/A

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 6

No. of others interviewed 1 Role: LD-Dan Phillips

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, medications were not being administered.
- 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.  
At the time of the inspection, a meal was not being prepared so an inspection of the food at the facility was conducted.
- 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:	
<b>R 400.14205</b>	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
<p>Finding: A Medical Clearance document and TB test with results was not available for Department review for staff, SC.</p> <p>Licensee's Response: Mr. Phillips and home manager, Ms. Tyson stated the document will be in the employee file as soon as possible, it is completed just not found in the file.</p>	
<b>R 400.14205</b>	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

<p>Finding: An annual statement of health is not available in employee file for SC.</p> <p>Licensee's Response: Mr. Phillips and Ms. Tyson stated an annual statement of health will be placed in staff files.</p>	
<b>R 400.14301</b>	<p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p>
	<p>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</p>
<p>Finding: Resident LK's assessment plan does not have the Licensee's signature on it.</p> <p>Licensee's Response: Mr. Phillips and Ms. Tyson stated the Licensee's signature will be included on the assessment plan.</p>	
<b>R 400.14301</b>	<p><b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b></p>
	<p>(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.</p>
<p>Finding: Resident LK's resident care agreement does not have the Licensee's signature on it.</p> <p>Licensee's Response: Mr. Phillips and Ms. Tyson stated the Licensee's signature will be included on the resident care agreement.</p>	
<b>R 400.14315</b>	<p><b>Handling of resident funds and valuables.</b></p>
	<p>(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</p>

Finding: Resident LK's funds are over by \$13.00.	
Licensee's Response: Resident LK's funds will be reviewed for discrepancies.	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
Finding: Fire drills for the second quarter (April, May, June) of 2021 are missing a 3 <sup>rd</sup> shift/sleeping drill and the fire drills for the third quarter (July, August, September) of 2021 are missing a 2 <sup>nd</sup> shift/evening drill.	
Licensee's Response: Mr. Phillips and Ms. Tyson stated drills will be conducted during daytime, evening and sleeping hours each quarter.	
<b>R 400.14507</b>	<b>Means of egress generally.</b>
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
Finding: An exit door in the lower level of the home is equipped with a deadbolt and is not equipped with non-locking against egress hardware.	
Licensee's Response: Mr. Phillips and Ms. Tyson stated they will change the door hardware to non-locking against egress hardware.	

On 10/13/2021, An exit conference was completed with Mr. Phillips who stated he would submit an acceptable corrective action plan.

#### IV. RECOMMENDATION

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

*Elizabeth Elliott*

10/25/2021

Licensing Consultant

Date

