

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 23, 2021

Carlos Hamilton Miracle Manor Enterprise LLC 927 East Grand Blvd Detroit, MI 48207

RE: License #: AS820269496

Miracle Manor #2 927 E. Grand Blvd Detroit, MI 48207

#### Dear Mr. Hamilton:

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,

LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3055

of Stevens

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

## I. IDENTIFYING INFORMATION

**License #:** AS820269496

**Licensee Name:** Miracle Manor Enterprise LLC

**Licensee Address:** 927 East Grand Blvd

Detroit, MI 48207

**Licensee Telephone #:** (248) 571-3444

Licensee/Licensee Designee: Carlos Hamilton, Designee

Administrator:

Name of Facility: Miracle Manor #2

Facility Address: 927 E. Grand Blvd

Detroit, MI 48207

**Facility Telephone #:** (313) 922-8338

Original Issuance Date: 11/05/2004

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		11/23/2021	
Date of Bureau of Fire Services Inspection if applicable:			
Date of Health Authority Inspection if applicable:			
Inspection Type:	☐ Interview and Obs	servation 🔀 Worksheet Full Fire Safety	
No. of staff interviewed and No. of residents interviewe No. of others interviewed		2 3	
<ul> <li>Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.         A worksheet inspection was completed</li> <li>Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.</li> </ul>			
Yes ⊠ No ☐ If no, e  Meal preparation / ser A worksheet inspection	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.  A worksheet inspection was completed.  Fire drills reviewed? Yes No If no, explain.		
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.			
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain. Due to COVID-19 Symptoms in the facility and onsite inspection was not completed.</li> <li>Incident report follow-up? Yes ⋈ No ⋈ If no, explain.</li> </ul>			
<ul> <li>Corrective action plan compliance verified? Yes ∑ CAP date/s and rule/s: LSR dating 11/12/19, Rules; 803(6), 208(1), 210, 318(5) 401(2) N/A ☐</li> <li>Number of excluded employees followed-up? N/A ∑</li> </ul>			
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 400.14204 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:

(b) First aid.

At the time of inspection Staff file did not have verification of First Aid training.

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:

(c) Cardiopulmonary resuscitation.

At the time of inspection Staff file did not have verification of CPR training.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (e)Verification of experience, education, and training.

At the time of inspection Staff file did not have verification of education.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an

emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Verification of Residents health at admission was not available for review at the time of inspection.

## R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

A weight record for Resident A was not available at the time of inspection.

## R 400.14315 Handling of resident funds and valuables.

(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

At the time of inspection, Resident funds and valuable Part II was not complete with all transactions and appropriate signatures.

### IV. RECOMMENDATION

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

LaKeitha Stevens Date Licensing Consultant