

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 13, 2021

Linda Bazzi Hallmark Adult Living 7748 Coleman Dearborn, MI 48126

> RE: License #: AS630406718 Isabella Rose Manor 18580 W. Nine Mile Road Southfield, MI 48075

Dear Ms. Bazzi:

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:

• An on-site inspection will be conducted.

A six-month provisional license is recommended. You have submitted documentation in writing indicating that you do not contest the issuance of a provisional 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,

Kisten Donna

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems Cadillac Place, Ste 9-100 Detroit, MI 48202 (248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630406718	
Licensee Name:	Hallmark Adult Living	
	¥	
Licensee Address:	7748 Coleman	
	Dearborn, MI 48126	
Licensee Telephone #:	(313) 779-0064	
Licensee Designee:	Linda Bazzi	
Name of Facility:	Isabella Rose Manor	
Facility Address:	18580 W. Nine Mile Road	
	Southfield, MI 48075	
Facility Telephone #:	(313) 779-0064	
Original Issuance Date:	06/11/2021	
Capacity:	6	
Program Type:	MENTALLY ILL	

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/09/2021

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

Date of Health Authority Inspection if applicable: N/A

Inspection ⁻	Гуре:	☐ Interview and Observat ☐ Combination	ion 🗌 Worksheet 🗌 Full Fire Safety
No. of resid	interviewed and ents interviewed s interviewed	/or observed and/or observed 1 Role:	0 0
 No resi Medica No resi Reside Yes Meal p No resi Fire dri No resi 	idents in care ation(s) and med idents in care nt funds and as No X If no, e reparation / serv idents in care Ils reviewed? Y idents in care		Yes I No If no, explain.
lf no, e	xplain.	pecial Certification Only)Ye ecked?Yes 🛛 No 🗌 If n	
No resiCorrec	idents in care tive action plan N/A ⊠	p? Yes	
• Variano	ces?Yes 🗌 (pl	ease explain) No 🗌 N/A	\boxtimes

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

MCL 400.713	License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.
	 (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following: (a) The financial stability of the facility. (b) The applicant's compliance with this act and rules promulgated under this act.

Since the issuance of a temporary license on 06/11/2021, no residents have been admitted to this licensed adult foster care facility. As there were no residents in care during the period under review, the department is not able to determine compliance with Act 218 or the adult foster care licensing rules related to resident care and services.

A corrective action plan was requested and approved on 12/10/2021. 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.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Issuance of a provisional license is recommended.

Kisten Donna

12/10/2021

Kristen Donnay Licensing Consultant Date

Approved by:

Aun 12/13/2021

Denise Y. Nunn Area Manager

Date