



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 23, 2021

Stephanie Kennedy-Kinney
Saints, Incorporated
2945 S. Wayne Road
Wayne, MI 48184

RE: License #: AS820013601
Beverly House
6380 Merriman
Romulus, MI 48174

Dear Ms. Kennedy-Kinney:

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 six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 black ink, appearing to read 'Denasha Walker'.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License#:	AS820013601
Licensee Name:	Saints, Incorporated
Licensee Address:	2945 S. Wayne Road Wayne, MI 48184
Licensee Telephone #:	(734) 722-2221
Licensee/Licensee Designee:	Stephanie Kennedy-Kinney
Administrator:	Stephanie Kennedy-Kinney
Name of Facility:	Beverly House
Facility Address:	6380 Merriman Romulus, MI 48174
Facility Telephone #:	(734) 721-4712
Original Issuance Date:	07/31/1990
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/16/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Service Coordinator

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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.
A meal was not prepared at the time of 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:
CAP Dated 12/06/2019 R 330.18003 (6), R 400.14208 (1)(f), R 400.14210 (b),
R 400.14312 (1), R 400.14315 (3), R 400.14318 (5), R 400.14408 (7),
R 400.14511 (2) 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 330.1803 **Facility environment; fire safety.**

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

At the time of inspection:

- E-Scores were not thoroughly completed within 30 days of Resident A's admission; individual resident ratings were not completed. Resident A was admitted on 11/2/2020.
- E-Scores were not thoroughly completed within 30 days of Resident B's admission; staff scores were not completed. Resident B was admitted on 3/31/2020.
- An evacuation assessment (E-Scores) was not conducted within 30 days of Resident C's admission into the home. Resident C was admitted on 10/13/2021.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 11/26/2019; CAP DATED 12/06/2019.**

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.

At the time of inspection, Resident A's resident file did not contain an annual 2021 health care appraisal. Resident A's last health care appraisal was dated 9/16/2020.

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

(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.

At the time of inspection, Resident B's written assessment plan completed at the time of admission dated 5/4/2020, was not signed by Resident B.

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 and B's medication administration records (MARs) did not contain the person who administers the medication, which shall be entered at the time the medication is given.

Resident A's MARs were not initialed for the following:

- Lithium Carb Cap 300; take one capsule by mouth every day at bedtime, was not initialed at 8:00 p.m. on 10/1/2021, 10/2/2021, 10/4/2021, 10/17/2021, 10/27/2021 and 10/28/2021.
- Vitamin D3 CAP 50,000 unit; take one capsule by mouth once weekly was not initialed on 11/1/2021, 11/8/2021 and 11/15/2021.
- Naproxen Tab 500mg; take one tablet by mouth twice daily was not initialed at 8:00 p.m. on 11/10/2021.
- Quetiapine Tab 400mg; take one tablet by mouth twice daily was not initialed at 8:00 p.m. on 11/10/2021.

Resident B's MARs were not initialed for the following:

- Aspirin EC 81mg Tablet; take one tablet by mouth every day mouth every day was not initialed at 8:00 a.m. on 9/2/2021, 9/6/2021, 9/9/2021, 9/12/2021, 9/13/2021, 9/16/2021, 9/18/2021, 9/23/2021, 9/25/2021, 9/27/2021.
- Oysco 500+d 200u Tab; take one tablet by mouth every day with food was not initialed at 4:00 p.m. on 9/6/2021 or 10/27/2021.
- Atorvastatin Tab 20mg; take one tablet by mouth every day with dinner was not initialed at 4:00 p.m. on 11/3/2021.

R 400.14315 Handling of resident funds and valuables.

(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.

At the time of inspection, Residents A and B resident files did not contain completed resident funds and valuable part II forms.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 11/26/2019; CAP DATED 12/06/2019.**

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

At the time of inspection, the North resident bedroom door was not permanently mounted preventing the door from latching.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



11/22/2021

Date

Licensing Consultant

Approved by:



11/23/2021

Date

Area Manager