



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 9, 2021

Theodore DeVantier
Macomb Residential Opportunities Inc.
Suite #102
14 Belleview
Mt Clemens, MI 48043

RE: License #: AS630300495
Lange CLF
330 Lange
Troy, MI 48098

Dear Mr. DeVantier:

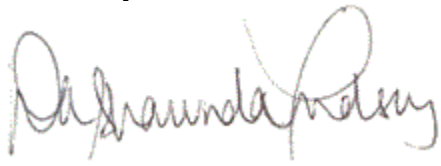
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and special certification 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630300495

Licensee Name: Macomb Residential Opportunities Inc.

Licensee Address: Suite #102
14 Belleview
Mt Clemens, MI 48043

Licensee Telephone #: (248) 561-1694

Licensee/Licensee Designee: Theodore DeVantier

Administrator: Elonda Grubbe

Name of Facility: Lange CLF

Facility Address: 330 Lange
Troy, MI 48098

Facility Telephone #: (248) 524-0148

Original Issuance Date: 03/12/2009

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/07/2021

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

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed N/A Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
The inspection did not occur during a meal time.
- 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.
There were no incident reports that required a follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Renewal 2019- as301(10), as301(4), as315(6), and as403(1) 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 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.
Licensee designee Theodore DeVantier was last tested for TB in November 2018. There was no verification that he or administrator Elonda Grubbe were tested for TB within the last 3-year period.	
R 400.14205	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.
There was no verification that Mr. DeVantier and Ms. Grubbe completed an annual health review in 2020.	
R 400.14210	Resident register.
	A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident: <ul style="list-style-type: none"> (a) Date of admission. (b) Date of discharge. (c) Place and address to which the resident moved, if known.
Per the resident register, there are eight residents in the facility. The register not updated to reflect that there are only six residents in the facility. The discharge dates were not documented for former residents (Resident A, Resident B, and Resident	

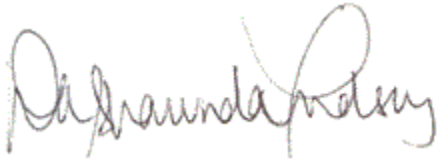
C). In addition, Resident D was admitted into the facility on 11/24/2021, but he was not listed on the register.	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the 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.
Resident E had a health care appraisal on 10/08/2021 and 02/11/2021. Resident F had a health care appraisal on 10/29/2019 and 01/07/2021. There was no verification that these residents had health care appraisals in 2020. REPEAT VIOLATION ESTABLISHED. Reference LSR 12/26/2019. CAP 01/27/2020.	
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.
Resident E's assessment plan was completed on 01/29/2020 and 12/12/2020. Resident F's assessment plan was completed on 01/29/2020 but was not signed by his guardian. Resident F's 2019 assessment plan was incomplete. Pages 1 and 2 were missing and the plan was not signed by the licensee designee. REPEAT VIOLATION ESTABLISHED. Reference LSR 12/26/2019. CAP 01/27/2020.	

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
Resident F's resident care agreement was dated 12/12/2020 but was not signed by the licensee designee or the guardian.	
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.
There was no verification that Resident E was weighed in January 2020, April 2020 or May 2020. There was no verification that Resident F was weighed in 2020 or from January 2021 to August 2021. There was no verification that Resident G was weighed in January 2020, July 2020, August 2020, or from June 2021 to October 2021.	
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: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
Staff did not initial Resident E's medication administration record (MAR) to show administration of the following medications:	
<ul style="list-style-type: none"> • Zonisamide CAP 100mg at 8pm on 12/03/2021 • Ensure at noon on 12/04/2021 • Vimpat 100mg at 8am on 12/07/2021 	
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.
Resident G's Resident Funds Part II was not updated. According to the form, Resident G had \$221.30 in the facility (as of 10/30/2021). However, on 12/07/2021, a throw was purchased for Resident G costing \$31.78. I observed the receipt for the purchase. I verified Resident G had \$189.52 in the facility.	
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 water in the kitchen was 101.7 degrees Fahrenheit. The water in the bathroom closest to the kitchen was 105 degrees Fahrenheit. The water in the bathroom closest to the one of the egress doors was 104.9 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.
There were holes in the hallway closet door.	
REPEAT VIOLATION ESTABLISHED. Reference LSR 12/26/2019. CAP 01/27/2020.	

IV. RECOMMENDATION

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



12/09/2021

Date

Licensing Consultant