



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 13, 2022

Gladys Sledge  
Packard Group Inc  
PO Box 2066  
Southfield, MI 48037

RE: License #: AS630367512  
**Woodward Group Home**  
**2563 Lahser Road**  
**Bloomfield Hills, MI 48304**

Dear Ms. Sledge:

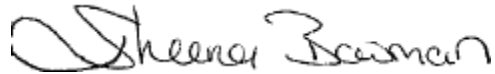
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Sheena Bowman". The signature is written in a cursive style with a large initial "S".

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

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

**I. IDENTIFYING INFORMATION**

**License#:** AS630367512

**Licensee Name:** Packard Group Inc

**Licensee Address:** Suite 303  
731 Pallister Street  
Detroit, MI 48202

**Licensee Telephone #:** (248) 626-3837

**Licensee/Licensee Designee:** Gladys Sledge

**Administrator:** Gladys Sledge

**Name of Facility:** Woodward Group Home

**Facility Address:** 2563 Lahser Road  
Bloomfield Hills, MI 48304

**Facility Telephone #:** (248) 335-0946

**Original Issuance Date:** 07/16/2015

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/12/22

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 2

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] Role: [redacted]

- 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.  
It was not meal time during the onsite.
- 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.  
Incident reports are not being completed on the department's form.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
LSR 06/26/18; 205(3), 208(1)(f), 306(2), 310(3), 312(2), 316(1)(d)(i), 402(3),  
402(6), 403(2), 403(3), 410(1)(b), 410(1)(c), 410(2)
- LSR 01/13/20; 734(b), 208(1)( e), 208(1)(f), 301(6)(a), 301(6)(b), 301(8),  
310(1)(d), 311(1)(c)(ii), 311(7), 312(4)(b), 313(4), 315(3), 316(1)(a)(viii), 402(6),  
403(2), 410(2), 507(2)
- SI CAP Approved 06/09/21; 308(2)(b), 305(3)
- SI CAP Approved 01/11/22; 303(2), 314(1), 311(7), 305(3)
- N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in non-compliance with the following applicable rules and statutes.

**400.734(b)**            **This amended section is effective January 9, 2009 except Section 734b(1)(e)(iv) after the word “or” which will not be effective until October 31, 2010**

**Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

(6) If an adult foster care facility determines it necessary to employ or independently contract with an individual before receiving the results of the individual's criminal history check required under this section, the adult foster care facility may conditionally employ the individual if both of the following apply:

(a) The adult foster care facility requests the criminal history check required under this section, upon conditionally employing the individual.

(b) The individual signs a written statement indicating all of the following:

(i) That he or she has not been convicted of 1 or more of the crimes that are described in subsection (1)(a) to (g) within the applicable time period prescribed by subsection (1)(a) to (g).

(ii) That he or she is not the subject of an order or disposition described in subsection (1)(h).

(iii) That he or she has not been the subject of a substantiated finding as described in subsection (1)(i).

(iv) The individual agrees that, if the information in the criminal history check conducted under this section does not confirm the individual's statement under

subparagraphs (i) to (iii), his or her employment will be terminated by the adult foster care facility as required under subsection (1) unless and until the individual can prove that the information is incorrect.

(v) That he or she understands the conditions described in subparagraphs (i) to (iv) that result in the termination of his or her employment and that those conditions are good cause for termination.

**REPEAT VIOLATION ESTABLISHED: LSR Dated 01/13/20 CAP Approved 02/21/20**

According to the employee file for Ajamee Metcalf, her start date was 11/03/21 however; as of 01/12/22 she has not been fingerprinted and a workforce background clearance has not been completed.

**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.

A 2020 resident care agreement was not in Resident A's file. Resident B's resident care agreement for 2020 was not signed by the licensee designee, Gladys Sledge as a stamp was used to sign in place of her signature. A stamp was also used to sign for the licensee designee, Gladys Sledge for the 2021 resident care agreement for Resident A and Resident B. Furthermore, the 2021 resident care agreement for Resident B was not dated by the licensee designee.

**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.

A 2020 physical was not in Resident A's file.

**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.

A 2020 assessment plan was not in Resident A or Resident B files.

**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:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.

According to the employee file for Ajamee Metcalf, her start date was 11/03/21. To date, Ms. Metcalf has not been trained in reporting requirements, CPR, or first aid.

**R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.**

(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.

According to the 2021 fire drill records, a fire drill was not completed during the timeframe of October 2021 through December 2021 in the daytime. According to the 2020 fire drill records, only two fire drill were completed during the timeframe of April 2020 through June 2020.

**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.

**REPEAT VIOLATION ESTABLISHED: LSR Dated 01/13/20 CAP Approved 02/21/20**

Resident A has currently been quarantined at a relative's home since 01/08/22 however; there were missing staff initials on all of Resident A's morning medications for 01/12/22. The staff did not initial that Resident A was on a leave of absence.

**R 400.14402 Food service.**

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

During the onsite, a thermometer was not in the refrigerator.

**R 400.14313 Resident nutrition.**

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

**REPEAT VIOLATION ESTABLISHED: LSR Dated 01/13/20 CAP Approved 02/21/20**



During the onsite, the menus were not dated a week in advance.

**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.

The bedroom lock in Resident A and Resident B's bedroom is not equipped with non-locking against egress hardware.

**R 400.14311 Investigation and reporting of incidents, accidents, illnesses, absences, and death.**

(7) A copy of the written report that is required pursuant to subrules (1) and (6) of this rule shall be maintained in the home for a period of not less than 2 years. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

**REPEAT VIOLATION ESTABLISHED: LSR Dated 01/13/20 CAP Approved 02/21/20**

The incident reports that were received in October 2021 and November 2021 were not completed on the required BCAL department form.

**R 400.14316 Resident records.**

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

- (a) Identifying information, including, at a minimum, all of the following:
  - (viii) Funeral provisions and preferences.

**REPEAT VIOLATION ESTABLISHED: LSR Dated 01/13/20 CAP Approved 02/21/20**

The identification record for Resident B was missing funeral provisions and preferences.

**R 400.14203**

**Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The licensee designee, Gladys Sledge did not complete the required annual 16 hours of training for 2020. Based on the documentation that was provided, Ms. Sledge completed 6 hours of training for 2020.

**R 400.14315**

**Handling of resident funds and valuables.**

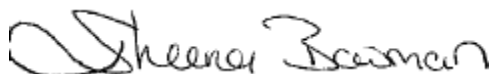
(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

**REPEAT VIOLATION ESTABLISHED: LSR Dated 01/13/20 CAP Approved 02/21/20**

The Funds Part II forms for 2020 and 2021 was not received for review for Resident B.

**IV. RECOMMENDATION**

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



Sheena Bowman  
Licensing Consultant

01/18/22  
Date