

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS DIRECTOR

January 27, 2022

Robert Chapman Community Choices, Inc. 26405 Plymouth Rd Redford, MI 48239

RE: License #: AS820014230

**Admiralty** 

7377 Admiralty Canton, MI 48187

#### Dear Mr. Chapman:

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

Due to COVID exposure an onsite inspection was not conducted.

#### I. IDENTIFYING INFORMATION

**License #:** AS820014230

**Licensee Name:** Community Choices, Inc.

**Licensee Address:** 26405 Plymouth Rd

Redford, MI 48239

**Licensee Telephone #:** (313) 937-4170

Licensee/Licensee Designee: Robert Chapman

Administrator:

Name of Facility: Admiralty

Facility Address: 7377 Admiralty

Canton, MI 48187

**Facility Telephone #:** (734) 455-0001

Original Issuance Date: 01/27/1989

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

### II. METHODS OF INSPECTION

| Date of On-site Inspection(s):   |   | 01/27/2022                               |  |
|--|---|--|--|
| Date of Bureau of Fire Services Inspection if applicable:  |   |  |  |
| Date of Environmental/Health Inspection if applicable:   |   |  |  |
| Inspection Type:   |   | ervation 🔀 Worksheet<br>Full Fire Safety |  |
| No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  N/A Role: |   |  |  |
| •  | <ul> <li>Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.</li> <li>A full worksheet inspection was completed.</li> <li>Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain</li> </ul>   |  |  |
| •  | Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain.  A full worksheet inspection was completed.  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain. |  |  |
| •  | Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ 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: LSR Dating 12/23/2019, Rules; 203(1) and 312(1) N/A Number of excluded employees followed-up? N/A   |  |  |
| •  | Variances? Yes ☐ (please explain) No ☐ N  | J/A 🖂                                    |  |

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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.

At the time of inspection, the licensee designee did not have verification of completion of 16hrs of training per year.

#### **(REPEAT VIOLATION SEE LSR DATING 12/23/19)**

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 A's written assessment plan was not signed by his guardian.

#### 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.

At the time of inspection, Resident A's resident care agreement was not signed by his guardian.

#### 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:
- (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

At the time of inspection Resident A's Calcium 5mg take at bedtime was on his medication log but no available 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.

At the time of inspection, the water temperature was 140 degrees.

#### IV. RECOMMENDATION

**Licensing Consultant** 

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

H Stevens 01/27/2022

LaKeitha Stevens Date