



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 8, 2021

Rashalle Austin  
Unity Group V, LLC  
163 N. Fiske Road  
Coldwater, MI 49036

RE: License #: AS120385673  
**Unity Group V, LLC**  
**69 Wood Drive**  
**Coldwater, MI 49036**

Dear Ms. Austin:

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: You are to submit a **Statement of Correction by November 8, 2021**.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present

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 that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd., Ste. #9-100  
Detroit, MI 48202  
(517) 262-8604

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

**I. IDENTIFYING INFORMATION**

**License #:** AS120385673

**Licensee Name:** Unity Group V, LLC

**Licensee Address:** 163 N. Fiske Road  
Coldwater, MI 49036

**Licensee Telephone #:** (517) 617-9591

**Licensee/Licensee Designee:** Rashalle Austin

**Administrator:** Rashalle Austin

**Name of Facility:** Unity Group V, LLC

**Facility Address:** 69 Wood Drive  
Coldwater, MI 49036

**Facility Telephone #:** (517) 924-1462

**Original Issuance Date:** 01/29/2018

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/30/2021

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 4

No. of others interviewed 0 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.
- 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: R 400. 14505 (4), R 400. 14312 (2) & R 400. 14305 (3) 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 400.14310**

#### **Resident health care.**

**(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following:**

**(d) Other resident health care needs that can be provided in the home. The refusal to follow the instructions and recommendations shall be recorded in the resident's record.**

- The physician ordered that Resident A be weighed every two weeks; however, she was only weighed once a month.

#### **R 400.14505**

**Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.**

**(5) Detectors that are mounted on ceilings shall be spaced 6 inches or more away from any walls. Detectors that are mounted on walls shall be between 6 and 12 inches away from the ceiling. A smoke detector shall not be mounted where ventilation systems or other obstructions keep smoke away.**

- The smoke detector, located on the wall in the laundry room, was less than 6 inches away from the ceiling.

A corrective action plan was requested and approved on 10/08/2021. 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. Renewal of the license and the special certification is recommended.

*Mahtina Rubritius*

10/08/2021

---

Mahtina Rubritius  
Licensing Consultant

Date