



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 8, 2022

Roland Higgs
Family Living Center Inc.
Suite 101
132 Franklin Blvd
Pontiac, MI 48341

RE: License #: AS630377628
Rainbow Group Home
19331 Rainbow Drive
Lathrup Village, MI 48076

Dear Mr. Higgs:

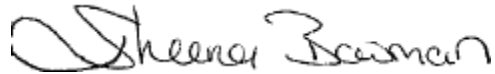
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 #: AS630377628

Licensee Name: Family Living Center Inc.

Licensee Address: Suite 101
132 Franklin Blvd
Pontiac, MI 48341

Licensee Telephone #: (248) 334-5330

Licensee/Licensee Designee: Roland Higgs

Administrator: Roland Higgs

Name of Facility: Rainbow Group Home

Facility Address: 19331 Rainbow Drive
Lathrup Village, MI 48076

Facility Telephone #: (248) 569-8289

Original Issuance Date: 12/03/2015

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/07/22

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 1
No. of residents interviewed and/or observed 3
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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
LSR CAP Approved 06/25/20; 204(3)(d), 204(3)(a), 204(3)(f), 203(1), 312(4)(c),
301(10), 403(1), 313(4), 403(11), 301(6)(b)
- LSR CAP Approved 06/11/18; 315(3), 318(3)
- SI CAP Approved 01/11/19; 312(2) 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.

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 A's assessment plan for 2020 and 2021 was not signed by the licensee designee, Roland Higgs and; Resident B's 2021 assessment plan was not signed by Mr. Higgs. Furthermore, Resident A was admitted on 02/01/20 and his assessment plan was not completed until 08/06/20.

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:

(a) Date of admission.

Resident B was not added to the resident register when he was moved into the AFC group home. Resident B's exact admission date was not provided during the onsite.

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:

(b) Date of admission.

Resident B's accurate admission date was not provided on his identification record. Resident B's exact admission date was not provided during the onsite.

R 330.1803 Facility environment; fire safety

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairment of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

An annual inspection was not completed for 2021.

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.

REPEAT VIOLATION ESTABLISHED; LSR CAP APPROVED 06/25/20

During the onsite, a 2021 health care appraisal was not provided for Resident B.

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

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

A 2020 resident care agreement was not completed for Resident A and; a 2021 resident care agreement was not completed for Resident B.

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 CAP APPROVED 06/11/18

According to Resident A's funds part II form, the transactions for AFC payments are missing for October 2021 through December 2021. Moreover, transactions for AFC payments are missing for January 2020 through September 2020. There were no funds part II forms available to review for 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:

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

REPEAT VIOLATION ESTABLISHED; LSR CAP APPROVED 06/25/20

Resident A was administered Alprazolam 2 mg in April 2022 which is a PRN however; a reason for each administration was not documented.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

REPEAT VIOLATION ESTABLISHED; Special Investigation CAP APPROVED 01/11/19

Resident B is prescribed Ergocalciferol 1.25 mg once a week. Resident B was administered this medication on 04/01/22. Resident B was administered this medication again on 04/07/22 which is a day early then when he is supposed to be given the medication.

R 400.14312 Resident medications.

(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.

Resident B is prescribed Acidophilus at 7:00am, 3:00pm, and 8:00pm. During the morning of 04/07/22, the 3:00pm pill and the 8:00pm was missing from the bubble packet. There were no staff initials in the MAR for the 3:00 pm pill or the 8:00 pm pill.

During the morning of 04/07/22, Resident A's Clonidine Hydrochl .1mg 4:00pm medication was missing from the bubble packet. There were no staff initials in the MAR indicating the medication was administered to Resident A.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

During the onsite, mineral oil dated 08/10/21, anti-diarrheal 2 mg dated 09/03/21, and Dicyclomine 10 mg were observed however; these medications were not listed on the MAR for Resident B.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

The basement is regularly used by the residents. The second means of egress is not equipped with non-locking against egress hardware.

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 temperature in the kitchen and in the bathroom was 100 degrees Fahrenheit.

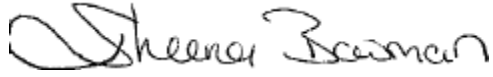
R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Staff member Irene Lineh start date was 01/23/19 however; she received her TB results on 09/15/21.

IV. RECOMMENDATION

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



Sheena Bowman
Licensing Consultant

04/08/22
Date