

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 13, 2022

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

RE: License #: AS820014357

Riverwood Ais

24712 East Huron River Rockwood, MI 48134

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,

Pandrea Robinson, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100

3026 W. Grand Blvd Detroit, MI 48202 (313) 319-9682

> 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AS820014357

Licensee Name: Community Choices, Inc.

Licensee Address: 26405 Plymouth Rd

Redford, MI 48239

Licensee Telephone #: (313) 937-4170

Licensee/Licensee Designee: Robert Chapman

Administrator: Robert Chapman

Name of Facility: Riverwood Ais

Facility Address: 24712 East Huron River Drive

Rockwood, MI 48134

Facility Telephone #: (734) 783-1970

Original Issuance Date: 05/02/1991

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		06/01/20	06/01/2022	
Date of Bureau of Fire Services Inspection if applicable:				
Date of Environmental/Health Inspection if applicable: 06/01/2022				
Inspection Type:	☐ Interview ☐ Combina	v and Observation ation	⊠ Worksheet □ Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:				
Medication	pass / simulated pass o	bserved? 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 6	Fire safety equipment and practices observed? Yes $oximes$ No $oximes$ If no, explain.			
If no, explai	E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain. Water temperatures checked? Yes No If no, explain.			
No incident Corrective a CAP dated (No incident reeports received during this renewal cycle.			
Variances?	Yes ☐ (please explain) No □ N/A ⊠		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

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 B was admitted in the home on 12/07/20 and her health care appraisal was not completed until 05/23/22.

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 was admitted into the home on 03/11/22, but her written assessment plan was not completed until 03/14/22. The assessment plan was also not signed by the licensee designee as required.

Resident B was admitted into the home on 12/7/20, but her written assessment plan was not completed until 05/31/22.

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 resident care agreement shall include all of the following:
- (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.
- (b) A description of services to be provided and the fee for the service.
- (c) A description of additional costs in addition to the basic fee that is charged.
- (d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.
- (e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.
- (f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.
- (g) An agreement by the resident to follow the house rules that are provided to him or her.
- (h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.
- (i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

- (j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.
- (k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.
- (I) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

Resident A was admitted into the home on 03/11/22, but her care agreement was not completed until 03/14/22. The care agreement was also not signed by the licensee designee.

Resident B was admitted into the home on 12/7/20, but her care agreement was not completed until 05/31/22. The care agreement was not signed by the licensee designee or guardian.

REPEAT VIOLATION ESTALISHED; LSR DATED 06/18/20; CAP DATED 06/26/20.

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.

At the time of inspection, Resident's A-E did not have completed funds and valuable transaction forms completed, on file and in the home for consultant review documenting cost of care and personal allowance. Licensee designee, Mr. Chapman later provided the documents via email for consultant review.

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:
 - (viii) Funeral provisions and preferences.

Resident A and B did not have documented funeral provisions documented on the Resident ID information sheet.

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:
- (i) Resident funds and valuables record and resident refund agreement.

Resident A was admitted into the home on 03/11/22, her funds and valuables Part 1 form was not completed until 04/01/22, and not signed by the licensee designee.

Resident B was admitted into the home on 12/7/20, her funds and valuables Part 1 form was not completed until 05/31/22, and not signed by the licensee designee.

REPEAT VIOLATION ESTABLISHED; LSR DATED 06/18/20; CAP DATED 06/26/20.

IV. RECOMMENDATION

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

06/13/22

Date

Licensing Consultant