

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 14, 2022

Vadie Terry Terry Adult Foster Care Inc. 1754 Vandyke Detroit, MI 48214

> RE: License #: AM820383027 Terry AFC 1754 VanDyke Detroit, MI 48214

Dear Ms. Terry:

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:

• An on-site inspection will be conducted.

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

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. utorla Daniel

Shatonla Daniel, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-3003

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

I. IDENTIFYING INFORMATION

License #:	AM820383027
Licensee Name:	Terry Adult Foster Care Inc.
Licensee Address:	12747 Indiana Street Detroit, MI 48238
Licensee Telephone #:	(313) 491-6023
Licensee/Licensee Designee:	Vadie Terry
Administrator:	Vadie Williams
Name of Facility:	Terry AFC
Facility Address:	1754 VanDyke Detroit, MI 48214
Facility Telephone #:	(313) 921-3957
Original Issuance Date:	06/06/2017
Capacity:	8
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):

06/08/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Insp	pection Type:	Interview and Observation Combination	n ⊠ Worksheet □ Full Fire Safety
No.	of staff interviewed and/ of residents interviewed of others interviewed		1 5
•	Full paperwork inspection	ated pass observed? Yes on cation record(s) reviewed? Y	
•	Yes 🗌 No 🗌 If no, ex	cociated documents reviewed cplain. ice observed? Yes 🛛 No 🗌	
•	Fire drills reviewed? Ye	es 🛛 No 🗌 If no, explain.	
•	Fire safety equipment a	nd practices observed? Yes	🗌 No 🗌 If no, explain.
•	If no, explain.	oecial Certification Only) Yes ecked? Yes 🗌 No 🗌 If no,	
•	Incident report follow-up	o? Yes 🖂 No 🗌 If no, expla	ain.
•	Corrective action plan o N/A Number of excluded em	compliance verified? Yes 🖂	CAP date/s and rule/s: N/A 🖂
•	Variances? Yes 🗌 (ple	ease explain) No 🖂 N/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 Administrator- Vadie Williams failed to participate in, and successfully complete, 16 hours of training and/or 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.

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 B's record reviewed did not contain written assessment plan at the time of admission.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection, Resident B's record reviewed did not contain weight records at the time of admission and monthly thereafter.

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:

(a) Be trained in the proper handling and administration of medication.

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, Resident A's medication administration record reviewed showed staff signing daily during the month of June for prescribed medication-Divalproex tablet 500mg, 2 tablets to be administered twice daily, however, the actual medication was not at the facility.

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.

At the time of inspection, the licensee failed to practice and maintain a copy of fire drills for evening hours during the second quarter; evening and sleeping hours during fourth quarter in 2021.

A corrective action plan was requested and approved on 06/14/2022. 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 and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Shatorla Daniel

06/14/2022

Shatonla Daniel Licensing Consultant Date