

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 11, 2022

Antonio Ball Ball Union, L.L.C. 29155 Northwestern Hwy. Suite 642 Southfield, MI 48034

RE: License #: AS820405284

Ball Home 15875 Ohio Detroit, MI 48238

Dear Mr. Ball:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled.

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,

K. Robinson, LMSW, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820405284

Licensee Name: Ball Union, L.L.C.

Licensee Address: Ste.642

29155 Northwestern Hwy. Southfield, MI 48034

Licensee Telephone #: (313) 657-4282

Licensee/Licensee Designee: Antonio Ball, Designee

Administrator: Antonio Ball

Name of Facility: Ball Home

Facility Address: 15875 Ohio

Detroit, MI 48238

Facility Telephone #: (313) 657-4282

Original Issuance Date: 01/04/2022

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	
Date of Bureau of Fire Services Inspection if applicable:	
Date of Health Authority Inspection if applicable:	
Inspe	ection Type: Interview and Observation Worksheet Combination Full Fire Safety
No. of staff interviewed and/or observed 0 No. of residents interviewed and/or observed 0 No. of others interviewed 01 Role: licensee designee	
	Medication pass / simulated pass observed? Yes \square No \boxtimes If no, explain. No residents in care at this time. Medication(s) and medication record(s) reviewed? Yes \square No \boxtimes 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 \square No \boxtimes If no, explain.
	E-scores reviewed? (Special Certification Only) Yes No N/A N/A If no, explain. Water temperatures checked? Yes No No No No explain.
•	Incident report follow-up? Yes ☐ No ☒ If no, explain.
	Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: 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:

MCL 400.713

License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

- (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:
 - (a) The financial stability of the facility.
- (b) The applicant's compliance with this act and rules promulgated under this act.
- (c) The good moral character of the applicant, or owners, partners, or directors of the facility, if other than an individual. Each of these persons shall be not less than 18 years of age.
- (d) The physical and emotional ability of the applicant, and the person responsible for the daily operation of the facility to operate an adult foster care facility.
- (e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the

daily operation of the facility shall be not less than 18 years of age.

The licensee has not been able to obtain residents in care since the original license issuance on 1/4/22. Therefore, the department was not able to conduct an onsite renewal inspection without resident and employee records.

A corrective action plan was requested and approved on 07/07/2022. 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.

IV. RECOMMENDATION

An acceptable corrective action plan has been received; issuance of a provisional license is recommended.

Kara Robinson Date Licensing Consultant