



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 17, 2022

Thomas Tortomose
22300 Lanse Street
St Clair Shores, MI 48081

RE: License #: AF500302479
Tortomose AFC
22300 Lanse Street
St Clair Shores, MI 48081

Dear Mr. Tortomose:

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 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 cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

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

Licensee

I. IDENTIFYING INFORMATION

License #:	AF500302479
Licensee Name:	Thomas Tortomose
Licensee Address:	22300 Lanse Street St Clair Shores, MI 48081
Telephone #:	(586) 944-9580
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Tortomose AFC
Facility Address:	22300 Lanse Street St Clair Shores, MI 48081
Facility Telephone #:	(586) 944-9580
Original Issuance Date:	11/23/2009
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/13/2022

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 0

No. of residents interviewed and/or observed 1

No. of others interviewed N/A Role: N/A

- 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.
I observed adequate food supply.
- 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:
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 400.1416 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.

Resident A and Resident B did not have a *Resident Weight Record* for 2021 in their records.

R 400.1421 Handling of resident funds and valuables.

(6) All trust fund account transactions shall require the signature of the resident or the resident's designated representative and the licensee, or prior written approval from the resident or resident's designated representative.

Resident A and Resident B did not *Resident Funds II* for 2021 in their records.

R 400.2245 Fire extinguishers.

A minimum of one 5-pound multi-purpose fire extinguisher or equivalent shall be provided for use in a family home on each occupied floor and in the basement.

I observed that the fire extinguisher which is to be a minimum of 5-pounds was not located in the occupied part of the home until the onsite inspection. I did not observe a fire extinguisher in the basement.

IV. RECOMMENDATION

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



05/17/2022

LaShonda Reed
Licensing Consultant

Date

