

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

ORLENE HAWKS DIRECTOR

July 20, 2022

Princess Kennedy Redeemed American Homes Inc. 28545 Ford Road Garden City, MI 48135

> RE: License #: AS820376720 Franfin Home 6201 Edmund Street Romulus, MI 48174

Dear Ms. Kennedy:

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:

• You are to submit Statement of Compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license 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,

Vancon Beellen

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 395-4037 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

AS820376720
Redeemed American Homes Inc.
2006 S. Wayne Rd. Westland, MI  48186
(313) 522-9587
Princess Kennedy
Princess Kennedy
Franfin Home
6201 Edmund Street Romulus, MI 48174
(313) 522-9587
01/25/2016
6
PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/20/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Insp	pection Type:	Interview and O Combination	Observation	⊠ Worksheet □ Full Fire Safety	
No. of staff interviewed and/or observed1No. of residents interviewed and/or observed1No. of others interviewedRole:					
•	Medication pass / simu No due to COVID-19. Medication(s) and med			No ⊠ If no, explain. es ⊠ 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. No meals prepared during renewal inspection. Fire drills reviewed? Yes ⊠ No □ If no, explain.				
•	Fire safety equipment a	and practices obser	rved? Yes [	🖄 No 🗌 If no, explain.	
•	E-scores reviewed? (S If no, explain. Water temperatures ch	-			
•	Incident report follow-u No follow-up needed. Corrective action plan N/A ⊠ Number of excluded er	compliance verified	? Yes 🗌 (		
•	Variances? Yes 🗌 (pl	ease explain) No [	⊠ N/A 🗌		

# **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 400.14301	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, JM, Health Care Appraisal for 2021 was not completed.
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, JM, written assessment for 2021 was not completed.
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident, JM, resident care agreement for 2021 was not completed.

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.

Water Temperature tested at 130 degrees Fahrenheit.

A corrective action plan was requested and approved on 07/20/2022. 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. Renewal of the license is recommended.

Vanen Beellen

Vanita C. Bouldin Licensing Consultant Date: 07/20/2022