



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 28, 2022

Fredrick Hayes  
18759 Greenwald  
Southfield, MI 48075

RE: License #: AF630313888  
Good Faith Manor  
18759 Greenwald  
Southfield, MI 48075

Dear Mr. Hayes:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade". The signature is written in black ink and is positioned to the left of the typed contact information.

Johnna Cade, Licensing Consultant  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
Phone: 248-302-2409

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630313888
<b>Licensee Name:</b>	Fredrick Hayes
<b>Licensee Address:</b>	18759 Greenwald Southfield, MI 48075
<b>Licensee Telephone #:</b>	(248) 632-3778
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Good Faith Manor
<b>Facility Address:</b>	18759 Greenwald Southfield, MI 48075
<b>Facility Telephone #:</b>	(248) 632-3778
<b>Original Issuance Date:</b>	10/26/2012
<b>Capacity:</b>	6
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/21/2022

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 1  
No. of residents interviewed and/or observed 2  
No. of others interviewed 1 Role: member of household

- 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.
- 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.  
There were no Incident Reports that required follow up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
R 400.1426(5), R 400.1426 (9), R 400. 1425(1), R 400.1424(4), R 400.1407(5),  
R 400.1407(9), R 400.1418(2), R 400.1418(6) 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:

<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.</b>
	(8) A licensee shall record in the resident's record the physicians instructions for the care of the resident as required in subrule (7) of this rule.

During the onsite inspection completed on 07/21/22, member of household, Allysa Hayes stated Resident A regularly see a visiting primary care physician and Resident B regularly sees a visiting primary care physician and a psychiatrist at Easter Seals. There was no record of Resident A and Resident B's physician contacts or instructions.

### IV. RECOMMENDATION

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



07/21/2022

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Johnna Cade  
Licensing Consultant

Date