



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 28, 2022

Elisabeth Delaney  
Mercy Services for Aging  
873 W Avon Rd.  
Rochester Hills, MI 48307

RE: License #: AL630299636  
**Mercy Bellbrook/Frances Warde**  
**873 W. Avon Road**  
**Rochester Hills, MI 48307**

Dear Ms. Delaney:

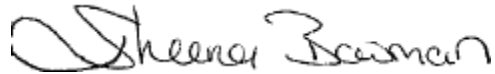
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 black ink that reads "Sheena Bowman". The signature is written in a cursive, flowing style.

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

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

**I. IDENTIFYING INFORMATION**

**License #:** AL630299636

**Licensee Name:** Mercy Services for Aging

**Licensee Address:** 873 W Avon Rd.  
Rochester Hills, MI 48307

**Licensee Telephone #:** (248) 656-6300

**Licensee/Licensee Designee:** Elisabeth Delaney

**Administrator:** Diane Scherer-Alexander

**Name of Facility:** Mercy Bellbrook/Frances Warde

**Facility Address:** 873 W. Avon Road  
Rochester Hills, MI 48307

**Facility Telephone #:** (248) 656-6306

**Original Issuance Date:** 02/18/2010

**Capacity:** 17

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/27/2022

Date of Bureau of Fire Services Inspection if applicable: 07/20/22

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 [redacted]  
No. of others interviewed [redacted] Role: [redacted]

- 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.  
It was not meal time during the onsite.
- 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:  
LSR CAP Approved 08/05/20; 318(5), 208(1)(f)
- LSR CAP Approved 09/11/18; 408(7) 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 400.15301      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 B's assessment plan for 2020 and 2021 was not physically signed by his guardian.

**R 400.15301      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 B's resident care agreement was not physically signed by his guardian.

**R 400.15315      Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

The licensee designee Elisabeth Delaney, did not sign the Funds Part II forms for Resident A or Resident B. The transaction amounts on the Funds Part II forms for the AFC payments does not coincide with the monthly fee written on the resident care agreement for Resident A or Resident B.

**R 400.15318            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.

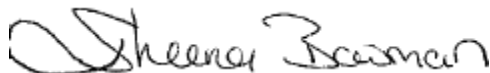
**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 08/05/20.**

There are several missing fire drills in 2020. The first quarter in 2020 did not have any fire drills. The second and third quarter in 2020 only had two fire drill completed for each quarter. The last quarter in 2020 had only one fire drill completed in November however; the fire drill form had a second AFC group home name listed on the form. The fire drill completed in November 2020 did not indicate whether or not the fire drill was completed in the am or pm.

The majority of the fire drills in 2021 was not completed. There were only two fire drills completed for the whole year. A fire drill was completed in April 2021 and August 2021 and; there were no times listed for either fire drills.

**IV. RECOMMENDATION**

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



Licensing Consultant

07/28/22  
Date