

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 11, 2022

Clyde Kemp The Helping Hands Place 38 Park Place Pontiac, MI 48341

RE: License #: AS630245096

The Helping Hands Place 38 Park Place

Pontiac, MI 48341

Dear Mr. Kemp:

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,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B

51111 Woodward Avenue Pontiac, MI 48342

(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630245096

Licensee Name: The Helping Hands Place

Licensee Address: 38 Park Place

Pontiac, MI 48341

Licensee Telephone #: (248) 333-2528

Licensee/Licensee Designee: Clyde Kemp

Administrator: Melissa Ringstaff

Name of Facility: The Helping Hands Place

Facility Address: 38 Park Place

Pontiac, MI 48341

Facility Telephone #: (248) 333-2528

Original Issuance Date: 05/22/2003

Capacity: 6

Program Type: MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):			08/10/2022	
Date o	of Bureau of Fire Serv	ices Inspection if applicable:	N/A	
Date o	of Health Authority Ins	pection if applicable:	N/A	
Inspe	ction Type:	☐ Interview and Observation☐ Combination	⊠ Worksheet □ Full Fire Safety	
No. of	f staff interviewed and/ f residents interviewed f others interviewed		1 4 e	
• N	ledication pass / simu	lated pass observed? Yes ⊠	No ☐ If no, explain.	
• N	ledication(s) and med	ication record(s) reviewed? Y	es 🛭 No 🗌 If no, explain.	
• N T	res	sociated documents reviewed explain. ice observed? Yes No occur during a meal time. es No fro, explain.		
• F	ire safety equipment a	and practices observed? Yes	⊠ No □ If no, explain.	
lf	no, explain.	pecial Certification Only) Yes ecked? Yes ⊠ No □ If no,		
• C R N	here were no incident Corrective action plan of Renewal 2020- asec73 I/A	compliance verified? Yes 🖂 (4(b)(2), as103(5), as203(1), as	CAP date/s and rule/s:	
	′ariances? Yes ☐ (ple		_	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement. ation licensee designee Clyde Kemp completed at least 16 020 and 2021. N ESTABLISHED. Reference LSR 08/25/2022. CAP Resident admission criteria; resident assessment plan; emergency admission; resident care agreement;
following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement. ation licensee designee Clyde Kemp completed at least 16 020 and 2021. N ESTABLISHED. Reference LSR 08/25/2022. CAP Resident admission criteria; resident assessment plan;
020 and 2021. N ESTABLISHED. Reference LSR 08/25/2022. CAP Resident admission criteria; resident assessment plan;
N ESTABLISHED. Reference LSR 08/25/2022. CAP Resident admission criteria; resident assessment plan;
·
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.
() lidatic waaab

Resident A was admitted into the facility on 11/23/2020. His health care appraisal at the time of admission was completed on 07/28/2020. Resident B was admitted into the facility on 11/23/2020. His health care appraisal at the time of admission was completed on 08/03/2020. Both residents last health care appraisal was completed on 08/05/2021.

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 A's ass	essment plan was not signed by his guardian in 2020 or 2021.
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 A's resi 2021.	ident care agreement was not signed by his guardian in 2020 or
R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following: (b) Any accident or illness that requires hospitalization.
Resident A was I the department.	nospitalized on 07/04/2022. An incident report was not submitted to
R 400.14403	Maintenance of premises.
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

The bathtub in one of the bathrooms did not have nonskid surfacing.		
R 400.14503	Interior finishes and materials generally.	
	(1) Interior finish materials shall be at least class C materials throughout the adult foster care small group home.	
There was no ve	erification that the wallpaper in the dining room and sitting room was	

There was no verification that the wallpaper in the dining room and sitting room was made of at least class C material.

REPEAT VIOLATION ESTABLISHED. Reference LSR 08/25/2022. CAP 09/17/2020.

IV. RECOMMENDATION

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

DaShawnda Lindsey Date Licensing Consultant