

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

ORLENE HAWKS DIRECTOR

September 1, 2022

Verlin Lockhart 1764 Poppleton Drive West Bloomfield, MI 48324

> RE: License #: AF630339228 Grace Of Heaven 1764 Poppleton Drive West Bloomfield, MI 48324

Dear Ms. Lockhart:

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 documentation of compliance or
- You are to submit a Statement of Correction.

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 (248) 975-5053.

Sincerely,

Cristen Dom

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd., Ste. 9-100 Detroit, MI 48202 (248) 296-2783

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

I. IDENTIFYING INFORMATION

| License #: | AF630339228 |
|-------------------------|---------------------------|
| | |
| Licensee Name: | Verlin Lockhart |
| | |
| Licensee Address: | 1764 Poppleton Drive |
| | West Bloomfield, MI 48324 |
| — • • • • | (0.10) 700 5745 |
| Licensee Telephone #: | (313) 729-5745 |
| Name of Facility: | Grace Of Heaven |
| | |
| Facility Address: | 1764 Poppleton Drive |
| | West Bloomfield, MI 48324 |
| Facility Telephone #: | (313) 729-5745 |
| | |
| Original Issuance Date: | 02/12/2014 |
| Capacity: | 6 |
| | |
| Program Type: | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |
| | AGED |
| | ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/01/2022

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 Observation Combination | n 🖄 Worksheet 🗌 Full Fire Safety | | |
|---|---|---|-------------------------------------|--|--|
| No. of staff interviewed and/or observed1No. of residents interviewed and/or observed1No. of others interviewed1Role:Licensee | | | | | |
| • | Medication pass / simulated pass observed? Yes 🔀 No 🗌 If no, explain. | | | | |
| • | Medication(s) and medication record(s) reviewed? Yes X No I 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 K If no, explain. Inspection did not occur during meal time Fire drills reviewed? Yes No I 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-u | ıp? Yes 🖂 No 🗌 If no, expl | ain. | | |
| • | N/A 🗌 | compliance verified? Yes 🖂 mployees followed-up? | CAP date/s and rule/s: N/A 🖂 | | |
| • | Variances? Yes 🗌 (p | lease explain) No 🗌 N/A 🖂 | | | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

| R 400.1407 | Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal. |
|------------|--|
| | (4) In situations where a resident is referred for emergency admission and the licensee agrees to accept the admission, a resident assessment plan shall be conducted within 15 calendar days following the emergency admission. The resident assessment plan shall be conducted in accordance to the provisions outlined in subrules (2) and (3) of this rule. |

Resident B's assessment plan was not completed within 15 days of her emergency admission to the home (Admission date: 04/13/22; Assessment Plan dated: 07/24/22). The assessment plan did not contain detailed information about the care and assistance Resident B requires in the home.

| R 400.1407 | Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal. |
|------------|---|
| | (5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated In the written resident care agreement. |

Resident B's resident care agreement was not completed at the time of admission (Admission date: 04/13/22; Resident Care Agreement dated: 07/24/22). The Resident Care Agreement was not fully completed and did not contain the required information including cost of care.

REPEAT VIOLATON ESTABLISHED

Renewal Licensing Study Report Dated: 08/26/20; CAP Dated: 08/26/20

A corrective action plan was requested and approved on 09/01/2022. 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.

Kisten Donna

09/01/2022

Kristen Donnay Licensing Consultant Date