

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

ORLENE HAWKS DIRECTOR

August 29, 2022

Sally Campbell 8275 Pine Knob Road Clarkston, MI 48348

> RE: License #: AF630384113 Campbell 8275 Pine Knob Road Clarkston, MI 48348

Dear Ms. Campbell:

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,

Kisten Donna

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

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

## I. IDENTIFYING INFORMATION

Sally Campbell
Sally Campbell
8275 Pine Knob Road
Clarkston, MI 48348
(248) 812-2080
Comphall
Campbell
8275 Pine Knob Road
Clarkston, MI 48348
(248) 872-9872
02/16/2018
2
PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/29/2022

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

Date of Health Authority Inspection if applicable: 05/18/2022

Insp	pection Type:	Interview and Observation Combination	n ⊠ Worksheet □ Full Fire Safety
No.	of staff interviewed and of residents interviewed of others interviewed	-	1 0
•	Medication pass / simu	lated pass observed? Yes 🖂	No 🗌 If no, explain.
•	Medication(s) and med	lication record(s) reviewed? Y	es 🖂 No 🗌 If no, explain.
•	Yes No If no, ex Meal preparation / serv Inspection did not occu	rice observed? Yes 🗌 No 🖂	
•	Fire safety equipment a	and practices observed? Yes	🛛 No 🗌 If no, explain.
•	If no, explain.	pecial Certification Only)Yes ecked?Yes 🛛 No 🗌 If no,	
•	Incident report follow-u	p? Yes 🛛 No 🗌 If no, expla	ain.
•	Corrective action plan N/A Number of excluded er	compliance verified? Yes 🔀	CAP date/s and rule/s: N/A 🔀
•	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 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.
	(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative at least annually or more often if necessary.

During the onsite inspection, the resident care agreements for Resident C and Resident L were not updated to reflect the correct rate for cost of care. The cost of care payments received and documented on the Funds Part II did not match the amount specified on the resident care agreements.

A corrective action plan was requested and approved on 08/29/2022. 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

08/29/2022

Kristen Donnay Licensing Consultant

Date