



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 22, 2022  
Scott Brown  
Synod Residential Services  
P.O. Box 980465  
Ypsilanti, MI 48197

RE: License #: AS630092107  
**Clark Pine**  
**5264 Sunnyside Drive**  
**Clarkston, MI 48346**

Dear Mr. Brown:

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.

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,

A handwritten signature in cursive script that reads "Sheena Bowman".

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**

<b>License #:</b>	AS630092107
<b>Licensee Name:</b>	Synod Residential Services
<b>Licensee Address:</b>	P.O. Box 980465 Ypsilanti, MI 48198-0465
<b>Licensee Telephone #:</b>	(734) 483-9363
<b>Licensee/Licensee Designee:</b>	Scott Brown
<b>Administrator:</b>	Scott Brown
<b>Name of Facility:</b>	Clark Pine
<b>Facility Address:</b>	5264 Sunnyside Drive Clarkston, MI 48346
<b>Facility Telephone #:</b>	(248) 673-0671
<b>Original Issuance Date:</b>	05/03/2000
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/21/2022

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

Date of Environmental/Health Inspection if applicable: 06/15/22

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.  
Completed with home manager on 09/22/22.
- 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.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
LSR CAP Approved 10/20/20; 312(4)(b), 318(5), 315(3), 408(4) 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 330.1803                      Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.**

**REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED; 10/20/20**

The second quarter for 2021 was missing a fire drill during sleeping hours. The last quarter for 2020 had two fire drills that did not include the times the fire drills were completed.

**R 330.1803                      Facility environment; fire safety.**

**(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.**

The E-scores are not being completed on the required appendix f of the 1985 life safety code of national fire protection association forms.

**R 400.14203                      Licensee and administrator training requirements.**

(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.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The licensee designee Keta Cowan did not complete 16 hours of training for 2020.

**R 400.14205                      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

The licensee designee Keta Cowan 2020 physical was not completed in it's entirety as the doctor did not answer the question regarding her physical and/or mental condition.

**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.

The licensee designee Keta Cowan did not sign Resident A or Resident B's assessment plan. Resident A did not date her signature for her 2020 or 2021 assessment plan. Resident B's assessment plan was completed late as she was admitted on 05/20/22 however; her assessment plan was completed on 08/27/22.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

Resident A's resident care agreement was completed late as Resident A was admitted on 05/13/20 however; her resident care agreement was completed on 07/15/20. The licensee designee Keta Cowan did not sign Resident A's 2020 or 2021 resident care agreement. Resident B's resident care agreement was completed late as she was admitted on 05/20/22 however; her resident care agreement was completed on 08/22/22.

**R 400.14312      Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A's Amiodipine 5 mg was not in the home and hasn't been administered to Resident A since 09/17/22 due to insurance payment issues.

**R 400.14312      Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

According to Resident A's September MAR, there were missing PRN comments for the five days Resident A was administer a PRN.

**R 400.14315      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.

**REPEAT VIOLATION ESTABLISED LSR CAP APPROVED; 10/20/20**

Resident A's Funds Part 1 form was not signed by the licensee designee, Keta Cowan and; section B was blank for Resident A and Resident B's Funds Part 1 forms.

**R 400.14318      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.

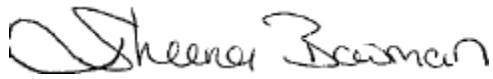
**REPEAT VIOLATION ESTABLISED LSR CAP APPROVED; 10/20/20**

The second quarter for 2021 was missing a fire drill during sleeping hours. The last quarter for 2020 had two fire drills that did not include the times the fire drills were completed.

A corrective action plan was requested and approved on 09/21/2022. 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.

A handwritten signature in black ink, appearing to read "Sheena Beaman". The signature is fluid and cursive, with the first name "Sheena" written in a larger, more prominent script than the last name "Beaman".

09/22/22  
Date

Licensing Consultant