

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 23, 2022

Roger Covill North-Oakland Residential Services Inc P. O. Box 216 Oxford, MI 48371

RE: License #: AS630402011

Dunwoodie 1781 Dunwoodie Ortonville, MI 48462

Dear Mr. Covill:

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 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,

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 #: | AS630402011 |
|-------------------------|--|
| | |
| Licensee Name: | North-Oakland Residential Services Inc |
| | |
| Licensee Address: | 106 S. Washington |
| | Oxford, MI 48371 |
| | |
| Licensee Telephone #: | (248) 969-2392 |
| | |
| Licensee Designee: | Roger Covill |
| | |
| Name of Facility: | Dunwoodie |
| Essility Address | 1781 Dunwoodie |
| Facility Address: | |
| | Ortonville, MI 48462 |
| Facility Telephone #: | (248) 793-3066 |
| Original Issuance Date: | 03/27/2020 |
| | |
| Capacity: | 6 |
| | |
| Program Type: | PHYSICALLY HANDICAPPED |
| | DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): 09/22/2022 |
|---|
| Date of Bureau of Fire Services Inspection if applicable: N/A |
| Date of Environmental/Health Inspection if applicable: 06/22/2022 |
| No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Area manager |
| 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. Inspection did not occur during meal time 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: N/A □ Number of excluded employees followed-up? 2 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 400.14315 | Handling of resident funds and valuables. |
|-------------|--|
| | (6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed. |

Resident L's Funds Part II forms showed that Resident L had more than \$200 in cash on hand from March-August 2022. Resident J's Funds Part II forms showed that Resident J had more than \$200 in cash on hand from October 2021-February 2022.

| R 400.14401 | Environmental health. |
|-------------|---|
| | (2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet. |

During the onsite inspection, the hot water heater was not working properly and there was no hot water in the home. The area manager indicated that Community Housing was contacted to repair the hot water heater.

| R 400.14403 | Maintenance of premises. |
|-------------|--|
| | (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants. |

During the onsite inspection:

- There were holes in the walls in the front room.
- The walls throughout the facility were scuffed.
- The white fence/railing around the outside of the home was showing signs of excessive wear (paint peeling, exposed nails, worn wood.)

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 08/30/2020; CAP Dated: 09/08/2020

A corrective action plan was requested and approved on 09/22/2022. 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.

09/23/2022

Kristen Donnay Licensing Consultant

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Date