



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 20, 2022
Sonia McKeown
JARC
Suite 100
6735 Telegraph Rd
Bloomfield Hills, MI 48301

RE: License #: AS630095511
Pitt
5920 Indianwood Tr
Bloomfield Twp, MI 48301

Dear Ms. McKeown:

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.

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

License #: AS630095511

Licensee Name: JARC

Licensee Address: Suite 100
6735 Telegraph Rd
Bloomfield Hills, MI 48301

Licensee Telephone #: (248) 403-6013

Licensee/Licensee Designee: Sonia McKeown

Administrator: Sonia McKeown

Name of Facility: Pitt

Facility Address: 5920 Indianwood Tr
Bloomfield Twp, MI 48301

Facility Telephone #: (248) 865-7862

Original Issuance Date: 11/20/2001

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/20/2022

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] Role: [redacted]

- 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.
It was not meal time during the onsite.
- 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:
SI CAP Approved 01/12/22; 303(2)
- LSR CAP Approved 11/10/20; 301(4), 203(1), 205(2), 318(5)
- LSR CAP Approved 11/07/18; 205(6), 205(5), 401(6), 402(6) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
Per the summary sheet, a variance was granted on 02/13/02 for Rule 507(5)

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.

The fire drills for 2020 was missing a sleeping fire drill during the second quarter. The fire drills for 2021 was missing a sleeping drill during the second quarter and; a daytime fire drill was missing during the fourth quarter.

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 required Appendix F of the 1985 life safety code of the national fire protection association forms were not being used by the AFC group home.

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.

REPEAT VIOLATION ESTABLISHED CAP APPROVED; 11/10/20

The licensee designee, Sonia McKeown did not complete a physical for 2021.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; 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.

Resident B's 2021 physical appears to be a duplicate of her 2020 physical as the 2021 physical has the wrong AFC group home listed and; the penmanship is an exact match to the 2020 physical. The date on the 2021 appeared to be altered. Therefore, it appears that Resident B did not receive a physical for 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.

REPEAT VIOLATION ESTABLISHED CAP APPROVED; 11/10/20

Resident B did not receive an assessment plan for 2020 and; Resident B's 2021 assessment plan was not signed by the licensee designee, Sonia McKeown. Resident A did not receive an assessment plan for 2021.

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. A resident care agreement shall include all of the following:

(b) A description of services to be provided and the fee for the service.

Resident B's resident care agreement for 2020 did not include a fee for services to be provided.

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

(7) A department resident care agreement 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 A and Resident B's 2021 resident care agreements were not completed on the required BCAL forms.

R 400.14303 Resident care; licensee responsibilities.

(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.

Resident A's care was not provided in her assessment plan as an assessment plan was not completed for 2021.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident A is missing a weight record from February 2021 through April 2021. Resident B is missing a weight record for November 2020.

R 400.14312 Resident medications.

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

Resident A is prescribed the following PRN's: Acetamin, Bisacodyl Sup 10mg, Calcium 500mg, Stomach relief 525ml, Fleet Bisaco, Sunscreen, Triple antibiotic ointment. However, the abovementioned PRN's are not in the AFC group home.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

Resident A's Ketoconazole cream expired on 09/17/22 but it was not properly disposed of. Resident A's Blistex lip balm was discontinued in April 2022 however; the staff were still administering the Blistex. The Blistex was not properly disposed of. Staff were also administered Burt's bees lip balm to Resident A however; this is not prescribed to her.

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.

Resident A's cost of care transactions for February 2021 through April 2021 is missing on the Funds Part II form. Resident B's cost of care transaction for November 2020 through December 2020 is missing on the Funds Part II form. Resident A and Resident B's Funds Part I forms were completed late as they were not completed at the time of admission.

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 ESTABLISHED CAP APPROVED; 11/10/20

The fire drills for 2020 was missing a sleeping fire drill during the second quarter. The fire drills for 2021 was missing a sleeping drill during the second quarter and; a daytime fire drill was missing during the fourth quarter.

R 400.14511 Flame-producing equipment; enclosures.

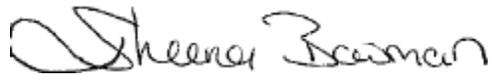
(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

The second heating plant door for the water heater is not equipped with an automatic self-closing device.

A corrective action plan was requested and approved on 10/20/2022. 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 that reads "Sheena Beaman". The signature is written in a cursive style with a large initial 'S'.

10/20/22
Date

Licensing Consultant