

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 12, 2022

Shannon White-Schellenberger Angels' Place Suite 2 29299 Franklin Road Southfield, MI 48034

RE: License #: AS630247482

Bell Home Suite 232 27522 Bell Road Southfield, MI 48034

# Dear Mrs White-Schellenberger:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems Cadillac Place, Ste. 9-100

Detroit, MI 48202 (248) 505-8036

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

## I. IDENTIFYING INFORMATION

**License #:** AS630247482

Licensee Name: Angels' Place

Licensee Address: Suite 2

29299 Franklin Road Southfield, MI 48034

**Licensee Telephone #:** (248) 350-2203

Licensee/Licensee Designee: Shannon White-Schellenberger

Administrator: Shannon White-Schellenberger

Name of Facility: Bell Home

Facility Address: Suite 232

27522 Bell Road

Southfield, MI 48034

**Facility Telephone #:** (248) 356-3921

Original Issuance Date: 05/21/2002

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	10/12/2022	
Date	e of Bureau of Fire Services Inspection if applicable:	N/A	
Date	e of Environmental/Health Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 2 Role: licensee designed	3 4 e & manager	
•	Medication pass / simulated pass observed? Yes $\boxtimes$	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ 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 No If no, explain.  The inspection did not occur during a meal time.  Fire drills reviewed? Yes No If no, explain.		
•	Fire safety equipment and practices observed? Yes	⊠ No  lf no, explain.	
•	E-scores reviewed? (Special Certification Only) Yes [If no, explain.  Water temperatures checked? Yes ⊠ No ☐ If no, explain.		
•	Incident report follow-up? Yes ⊠ No □ If no, expla	in.	
•	Corrective action plan compliance verified? Yes ⊠ 0 SI 12/2020- as301(4), as305(3), as310(1)(d) and as37 Number of excluded employees followed-up?		
•	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.

There was no verification a fire drill was conducted during sleeping hours in the 4<sup>th</sup> quarter of 2021 or the 3<sup>rd</sup> quarter of 2022.

#### R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

There was no verification Resident A has a prescription for a hospital bed and hoyer lift.

#### 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:
- (b) Complete an individual medication log that contains all of the following information:
  - (i) The medication.
  - (ii) The dosage.
  - (iii) Label instructions for use.
  - (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Resident B is prescribed Flonase 50MCG once daily. This medication was not documented on the medication administration record (MAR).

# 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.

There was no verification a fire drill was conducted during sleeping hours in the 4<sup>th</sup> quarter of 2021 or the 3<sup>rd</sup> quarter of 2022.

R 400.14505

Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.

- (1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:
- (a) Between the sleeping areas and the rest of the home. In homes that have more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.
- (b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.

There was no fire drill in the kitchen or in the nearby area.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification is recommended.

10/12/2022

DaShawnda Lindsey Licensing Consultant

Date