

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 25, 2022

Kim Waddell NRMI LLC 17187 N. Laurel Park Dr., Suite 160 Livonia, MI 48152

RE: License #: AS810412108

Birchwood Grove 7160 Textile Rd. Ypsilanti, MI 48197

Dear Ms. Waddell:

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 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 (313) 456-0380.

Sincerely,

Vanon Beullin

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 395-4037

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

I. IDENTIFYING INFORMATION

License #: AS810412108

Licensee Name: NRMI LLC

Licensee Address: 160

17187 N. Laurel Park Dr.

Livonia, MI 48152

Licensee Telephone #: (734) 646-4603

Licensee/Licensee Designee: Kim Waddell

Administrator: Jamie Nicoloff

Name of Facility: Birchwood Grove

Facility Address: 7160 Textile Rd.

Ypsilanti, MI 48197

Facility Telephone #: (734) 547-9545

Original Issuance Date: 06/01/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

TRAUMATICALLY BRAIN INJURED

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 Health Authority Inspection if applicable: N/A
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:
 Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. No due to COVID-19. 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. No meals prepared/served during renewal inspection. 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. No follow-up needed. Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: 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:

MCL 400.734b

Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (a) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

Employee, DC, criminal history check not completed under the new corporation, NRMI LLC.

Date: 10/25/2022

IV. RECOMMENDATION

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

Vanita C. Bouldin

Licensing Consultant

Vanon Beellin