



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 25, 2022

Karen Goreta  
Karen's Helping Hands  
4425 High Street  
Ecorse, MI 48229

RE: License #: AS820281658  
**Salliotte Manor**  
**75 Salliotte**  
**Ecorse, MI 48229**

Dear Ms. Goreta:

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,

A handwritten signature in blue ink that reads "Pandora Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820281658
<b>Licensee Name:</b>	Karen's Helping Hands
<b>Licensee Address:</b>	4425 High Street Ecorse, MI 48229
<b>Licensee Telephone #:</b>	(313) 282-6158
<b>Licensee/Licensee Designee:</b>	Karen Goreta
<b>Administrator:</b>	Karen Goreta
<b>Name of Facility:</b>	Salliotte Manor
<b>Facility Address:</b>	75 Salliotte Ecorse, MI 48229
<b>Facility Telephone #:</b>	(313) 282-6158
<b>Original Issuance Date:</b>	05/02/2006
<b>Capacity:</b>	5
<b>Program Type:</b>	MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/19/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable: 10/19/22

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 0  
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.  
Residents not in the home during the 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 incident reports received during this renewal cycle required follow up.
- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

**R 400.14312          Resident medications.**

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

At the time of inspection, I reviewed Resident A's medications and medication administration log and observed that staff was administering her 1mg Risperidone at 8:00 a.m. for the month of October 2022. Resident A's medication label states that the medication is to be given at bedtime.

### IV. RECOMMENDATION

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



Pandrea Robinson  
Licensing Consultant

10/25/22  
Date