

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 18, 2022

Nicholas Hargress Advance Care, Incorporated P.O. Box 74484 Romulus, MI 48174

RE: License #: AL820007594

**Brush Street Residence** 

35646 Brush Wayne, MI 48184

## Dear Mr. Hargress:

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,

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

Regina Buchanon

(313) 949-3029

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

#### I. IDENTIFYING INFORMATION

**License #:** AL820007594

Licensee Name: Advance Care, Incorporated

**Licensee Address:** P.O. Box 74484

Romulus, MI 48174

**Licensee Telephone #:** (248) 738-4986

Licensee/Licensee Designee: Nicholas Hargress

**Administrator:** Ned Hargress Jr.

Name of Facility: Brush Street Residence

Facility Address: 35646 Brush

Wayne, MI 48184

**Facility Telephone #:** (734) 728-8920

Original Issuance Date: 02/17/1987

Capacity: 13

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	11/17/20	)22
Date	e of Bureau of Fire Services Inspection if appl	licable:	01/18/2022
Date	e of Health Authority Inspection if applicable:	١	I/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		1 0
•	Medication pass / simulated pass observed?	Yes ⊠	No ☐ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Ye	es 🗵 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.  The residents were not home.  Fire drills reviewed? Yes  No If no, explain.		
•	Fire safety equipment and practices observe	d? Yes[	⊠ No  lf no, explain.
•	E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □		
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	in.
•	Corrective action plan compliance verified? 11/17/2022 Rules: 208(1),310(3),315(5),4010 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 400.15408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

Resident bedroom was equipped with locking against egress hardware.

#### IV. RECOMMENDATION

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

\_\_\_\_\_11/18/2022

Regina Buchanan Date

Licensing Consultant

Regina Buchanon