

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 6, 2022

Shelly Sibert The Noble Home Inc 19620 Cherrylawn Detroit, MI 48221

RE: License #: AL820068121

Noble Home II 327 E Grand Blvd Detroit, MI 48207

Dear Ms. Sibert:

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,

LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3055

of Stevens

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

Due to recent staff exposure and testing positive for COVID and RSV, an onsite inspection was not completed.

I. IDENTIFYING INFORMATION

License #: AL820068121

Licensee Name: The Noble Home Inc

Licensee Address: 19620 Cherrylawn

Detroit, MI 48221

Licensee Telephone #: (313) 477-0461

Licensee/Licensee Designee: Shelly Sibert, Designee

Administrator:

Name of Facility: Noble Home II

Facility Address: 327 E Grand Blvd

Detroit, MI 48207

Facility Telephone #: (313) 922-4164

Original Issuance Date: 03/01/1996

Capacity: 17

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	11/30/2	022		
Date	e of Bureau of Fire Services Inspection if appl	licable:	10/13/2022		
Date	e of Environmental/Health Inspection if applica	able:			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed N/A Role:	ı	2 3		
•	Medication pass / simulated pass observed? A full worksheet inspection was completed. Medication(s) and medication record(s) review		·		
•	Resident funds and associated documents reviewed for at least one resident? Yes \(\subseteq \text{No} \times \) If no, explain. Meal preparation / service observed? Yes \(\subseteq \text{No} \times \) If no, explain. A worksheet inspection was completed. Fire drills reviewed? Yes \(\subseteq \text{No} \subseteq \) If no, explain.				
•	Fire safety equipment and practices observe	d? Yes	⊠ No If 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	ain.		
•	Corrective action plan compliance verified? SLR Dated 11/19/2020, Rules; S803(6), 208 Number of excluded employees followed-up?	(1), 204(
•	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.

- (6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:
- (a) Improve the score to at least the "slow" category.
- (b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or 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 the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

At the time of inspection Evacuation E-Scores were not completed within 30 days of admission.

(REPEAT VIOLATION SEE LSR DATED 11/19/2020)

R 400.15205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff,

other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of inspection, the licensee did not have verification of TB testing for staff.

R 400.15205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of inspection, the licensee did not have verification of current health review for staff.

R 400.15301

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.

At the time of inspection, resident health care appraisal was not available for review.

IV. RECOMMENDATION

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

LaKeitha Stevens Date Licensing Consultant