

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 21, 2022

Kimberlee Waddell NRMI LLC Ste 160 17187 N. Laurel Park Dr. Livonia, MI 48152

RE: License #: AL630412118

North Ridge 25911 Middlebelt

Farmington Hills, MI 48336

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 (248) 975-5053.

Sincerely,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems

3026 West Grand Blvd

Cadillac Place, Ste 9-100

Detroit, MI 48202

(248) 860-4475

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

#### I. IDENTIFYING INFORMATION

**License #:** AL630412118

Licensee Name: NRMI LLC

**Licensee Address:** 17187 N. Laurel Park Dr.

Ste 160

Livonia, MI 48152

**Licensee Telephone #:** (734) 646-4603

Licensee Designee: Kimberlee Waddell

Administrator: Tammy Zentz

Name of Facility: North Ridge

Facility Address: 25911 Middlebelt

Farmington Hills, MI 48336

**Facility Telephone #:** (248) 516-1370

Original Issuance Date: 06/01/2022

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

TRAUMATICALLY BRAIN INJURED

## **II. METHODS OF INSPECTION**

| Date | e of On-site Inspection(s):  | 11/14/2022 |
|------|--|------------|
| Date | e of Bureau of Fire Services Inspection if applicable:   | 07/29/2022 |
| Date | e of Health Authority Inspection if applicable:  | 11/14/2022 |
| No.  | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed  0 Role: N/A   | 0          |
| •    | Medication pass / simulated pass observed? Yes $igtimes$ No $igcup$ 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 $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.                    |            |
| •    | 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 \( \subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \) |            |
| •    | Incident report follow-up? Yes ⊠ No □ If no, explain.  |            |
| •    | Corrective action plan compliance verified? Yes   CAP date/s and rule/s:  N/A   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 400.15403 Maintenance of premises.

- (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
- The shower in room #203 was dirty.
- The bathroom faucet aerator was missing in room #208.
- The bathroom sink and shower were dirty in room #209.
- The bathroom sink was dirty, and the shower drain contained clumps of hair in room #214.
- The toilet in room #219 was dirty.

#### R 400.15403 Maintenance of premises.

- (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
- There was a hole in the wall near the window and scraps on the bathroom wall near the toilet in room #202.
- The bathroom floor in room #209 was dirty.
- The bathroom floor in room #212 was dirty.
- Areas of the ceiling in room #215 were stained.

#### IV. RECOMMENDATION

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

Cindy Berry Date Licensing Consultant