

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 14, 2022

Marcia Wheeler Real Place Inc. 25630 W. Chicago Redford, MI 48239

RE: License #: AS820273887

Real Place Inc. 25630 W. Chicago Redford, MI 48239

Dear Mrs. Wheeler:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

You are to submit a Statement of Correction.

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

Regina Buchanon

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AS820273887

Licensee Name: Real Place Inc.

Licensee Address: 25630 W. Chicago

Redford, MI 48239

Licensee Telephone #: (313) 937-1664

Licensee/Licensee Designee: Marcia Wheeler

Administrator: Marcia Wheeler

Name of Facility: Real Place Inc.

Facility Address: 25630 W. Chicago

Redford, MI 48239

Facility Telephone #: (313) 937-1664

Original Issuance Date: 06/29/2005

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	12/14/20	022
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	e of Health Authority Inspection if applicable:	1	N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		1 5
•	Medication pass / simulated pass observed?	Yes 🖂	No ☐ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	es 🛭 No 🗌 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 \square No \boxtimes If no, explain. Residents had already eaten Fire drills reviewed? Yes \boxtimes No \square 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 i	no, expla	iin.
•	Corrective action plan compliance verified? 12/16/2022 Rules:203(1), 301(4), 301(6), 407 Number of excluded employees followed-up?	7(3) 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 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The hot water temperature was 132 degrees Fahrenheit.

A corrective action plan was requested and approved on 12/14/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

Regina Buchanon

An acceptable corrective action plan has been received. Renewal of the license is recommended.

_____12/14/2022

Regina Buchanan Date Licensing Consultant