



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 13, 2023
May Kinnard
Mecca House
Suite A
53 West Huron
Pontiac, MI 48342

RE: License #: AS630012321
Mecca House
2278 Richardson Court
Waterford, MI 48327

Dear Ms. Kinnard:

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 documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in cursive script that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 West Grand Blvd
Detroit, MI 48202
Phone: 248-310-5388
Fax: 517-763-0204

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

I. IDENTIFYING INFORMATION

License #: AS630012321

Licensee Name: Mecca House

Licensee Address: Suite A
53 West Huron
Pontiac, MI 48342

Licensee Telephone #: (248) 335-3547

Licensee/Licensee Designee: May Kinnard

Administrator: May Kinnard

Name of Facility: Mecca House

Facility Address: 2278 Richardson Court
Waterford, MI 48327

Facility Telephone #: (248) 666-9278

Original Issuance Date: 01/28/1981

Capacity: 6

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/12/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable:

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.
It was not meal time during the onsite.
- 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
LSR CAP Approved 01/23/21; 301(6), 301(4), 205(2), 203(1), 403(11)
- SI CAP Approved 05/02/22; 206(2), 206(3), 208(3) 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 found to be in non-compliance with the following rules:

R 400.14301 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.

Resident A was admitted on 03/12/21 however; his physical was not completed until 03/31/21. Resident A's initial physical was also not completed on the required BCAL form.

Resident B was admitted on 05/03/21 however; his physical was not completed until 05/31/21. Resident B's initial physical was also not completed on the required BCAL form.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/26/21

Resident A's 2021 and 2022 assessment plan was not signed by his guardian.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/26/21

Resident A's guardian did not sign his resident care agreement for 2021 or 2022.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

According to Resident A's funds part II his cost of care changed twice in 2022 however; a new resident care agreement was not completed when the cost of care changed.

R 400.14312 Resident medications.

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

Resident A did not receive his Fluoxetine HCL 20 mg on 12/14/22.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A's cost of care for 2021 was \$655 however; throughout the year he was paying different amounts that did not coincide with the resident care agreement. Therefore, his funds part II form was not being completed accurately.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Resident B's bedroom window is missing several blinds and the bathroom window is missing several blinds. The front door window is cracked.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.

(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:

(a) Between the sleeping areas and the rest of the home. In homes that have more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.

(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.

The smoke detector in the basement is not working properly.

R 400.14511 Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1

3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

There is a second door on the opposite side of the fire door leading to the basement where the heating plants are. The second door is not equipped with positive latching.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(2) A licensee shall have on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

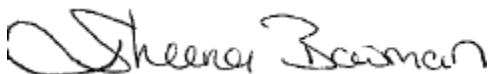
**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED
01/26/21**

The licensee designee, May Kinnard did not obtain an annual physical for 2022 or 2021.

A corrective action plan was requested and approved on 01/12/2023. 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

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



Licensing Consultant

01/13/23
Date