

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 19, 2023

Victoria Kennedy Saints Incorporated 2945 S. Wayne Road Wayne, MI 48184

RE: License #: AS820066519

Cowan

32275 Cowan Road Westland, MI 48185

Dear Ms. Kennedy:

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#:** AS820066519

Licensee Name: Saints Incorporated

**Licensee Address:** 2945 S. Wayne Road

Wayne, MI 48184

**Licensee Telephone #:** (734) 722-2221

Licensee/Licensee Designee: Victoria Kennedy

**Administrator:** Stephanie Kinney

Name of Facility: Cowan

Facility Address: 32275 Cowan Road

Westland, MI 48185

**Facility Telephone #:** (734) 422-8680

Original Issuance Date: 08/04/1995

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	01/17/2	023
Date	e of Bureau of Fire Services Inspection if appl	licable:	N/A
Date	e of Health Authority Inspection if applicable:	i	N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		2 4
•	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 $\boxtimes$ No $\square$ If no, explain.  The 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	no, expla	ain.
•	Corrective action plan compliance verified? 01/15/2021 Rules: 803(6), 301(6), 315(3) N/A Number of excluded employees followed-up?	4 🔲 <sup>—</sup>	CAP date/s and rule/s: 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 400.14315 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 did not have a Funds and Valuables Part II form completed for his cost of care payments.

#### REPEAT VIOLATION {RENEWAL INSPECTION 01/13/2021}

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 130 degrees Fahrenheit.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

The half door leading from the kitchen to the dining area was equipped with locking against egress hardware.

## IV. RECOMMENDATION

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

\_\_\_\_\_01/19/2023

Date

**Licensing Consultant** 

Regina Buchanon