

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 2, 2023

Jami Hays CLC Inc 1193 W Reid Rd Flint, MI 48507

RE: License #: AS630012706

Deer Ridge Group Home 6701 Deer Ridge Clarkston, MI 48348

Dear Ms. Hays:

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,

Sheena Bowman, Licensing Consultant Bureau of Community and Health Systems Cadillac Place

Theenay Barnan

3026 W. Grand Blvd, Suite 9-100 Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License#: AS630012706

Licensee Name: CLC Inc

Licensee Address: 1193 W Reid Rd

Flint, MI 48507

Licensee Telephone #: (810) 767-6075

Licensee/Licensee Designee: Jami Hays

Administrator: Jami Hays

Name of Facility: Deer Ridge Group Home

Facility Address: 6701 Deer Ridge

Clarkston, MI 48348

Facility Telephone #: (248) 812-4393

Original Issuance Date: 12/06/1991

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 02/01/2023
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date	e of Environmental/Health Inspection if applicable: N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:
•	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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. It was not meal time during the onsite. Fire drills reviewed? Yes \boxtimes No \square 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 02/09/21; 310(3), 301(10) 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 400.14203 Licensee and administrator training requirements.

- (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:
- (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.
- (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The licensee designee, Jami Hays did not complete the required trainings for 2021.

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.

The licensee designee, Jami Hays did not complete an annual physical for 2021.

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.

The 2022 assessment plans for Resident A and Resident B was not signed by the licensee designee, Jami Hays.

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.

The onsite was completed on 02/01/23 however; the resident care agreement for Resident A was signed and dated by her guardian on 09/23/23. The 2022 resident care agreement for Resident B was signed by another staff member and not the licensee designee.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

A monthly weight record was not completed for Resident A in November 2021.

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.

The funds part II form for Resident A indicates that she was being charged \$896.50 from January 2021 through August 2021. However, Resident A's resident care agreement indicates that she would be charged \$907.50 for the year of 2021. The same discrepancy was found on Resident B's funds part II form for 2021. The funds part II forms for Resident A and Resident B were not signed by the licensee designee, Jami Hays.

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

Resident C's bedroom door is not equipped with positive latching. Resident D and Resident E's bedroom door is not equipped with positive latching.

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 second door of egress is not equipped with non-locking against egress hardware.

IV. RECOMMENDATION

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

02/02/23 Date

Licensing Consultant

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