



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 14, 2023

Terrence Parker
H.O.P.E. HOUSING LLC
14209 Ilene
Detroit, MI 48238

RE: License #: AS820403676
H.O.P.E HOUSING
14209 Ilene
Detroit, MI 48238

Dear Mr. Parker:

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,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820403676

Licensee Name: H.O.P.E. HOUSING LLC

Licensee Address: 14209 Ilene
Detroit, MI 48238-2215

Licensee Telephone #: (313) 585-7639

Licensee/Licensee Designee: Terrence Parker, Designee

Administrator: Terrance Parker

Name of Facility: H.O.P.E HOUSING

Facility Address: 14209 Ilene
Detroit, MI 48210

Facility Telephone #: (313) 397-2193

Original Issuance Date: 03/03/2022

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/09/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 2
No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Face to Face contact was limited to mitigate risks of Covid-19.
- 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.
- 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.
None available.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
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.

(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:

(b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.

Licensee has accepted and retained 2 residents that require assistance with walking, specifically wheelchairs. Per Mr. Parker, Resident A usually uses a wheelchair while out in the community and Resident B cannot ambulate at all. Mr. Parker acknowledged Resident B requires the regular use of a wheelchair. Mr. Parker stated, Resident B requires "total care." According to Resident A's AFC Assessment Plan he also can't walk based on these written comments "weak, unable to stand, stroke".

The home cannot accommodate wheelchair residents as stated in the Original Licensing Study Report.

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.

Resident A has no weight records for the following months: 12/22, 1/23, and 2/23.

R 400.14311 Investigation and reporting of incidents, accidents, illnesses, absences, and death.

(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency,

and the adult foster care licensing division within 48 hours of any of the following:

- (a) The death of a resident.
- (b) Any accident or illness that requires hospitalization.
- (c) Incidents that involve any of the following:
 - (i) Displays of serious hostility.
 - (ii) Hospitalization.
 - (iii) Attempts at self-inflicted harm or harm to others.
 - (iv) Instances of destruction to property.
- (d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the Public Acts of 1988.

Per Mr. Parker, Resident B has been in and out of the hospital for the past 2 months. The licensee failed to complete and submit Incident Reports to the department of each hospitalization.

R 400.14312 Resident medications.

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

Upon review of the Medication Administration Records (MARs), I determined Resident A ran out of medication 2/27/23 – 2/28/23. According to Mr. Parker, the Pharmacy with Veterans Affairs did not deliver his medication before they ran out. Mr. Parker acknowledged Resident A went a few days without receiving his medication as prescribed.

R 400.14316 Resident records.

- (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
- (a) Identifying information, including, at a minimum, all of the following:
 - (i) Name.
 - (ii) Social security number, date of birth, case number, and marital status.
 - (iii) Former address.
 - (iv) Name, address, and telephone number of the next of kin or the designated representative.
 - (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.

- (vi) Name, address, and telephone number of the preferred physician and hospital.
- (vii) Medical insurance.
- (viii) Funeral provisions and preferences.
- (ix) Resident's religious preference information.
- (b) Date of admission.
- (c) Date of discharge and the place to which the resident was discharged.
- (d) Health care information, including all of the following:
 - (i) Health care appraisals.
 - (ii) Medication logs.
 - (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.
 - (iv) A record of physician contacts.
 - (v) Instructions for emergency care and advanced medical directives.
- (e) Resident care agreement.
- (f) Assessment plan.
- (g) Weight record.
- (h) Incident reports and accident records.
- (i) Resident funds and valuables record and resident refund agreement.
- (j) Resident grievances and complaints.

Observed Resident Identification forms are incomplete; missing dates of placement, preferred hospital, religious preference, insurance info, and burial.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

No fire drills records.

IV. RECOMMENDATION

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



03/14/23

Kara Robinson
Licensing Consultant

Date