



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 11, 2023

Linda Perrault  
1551 S. Hickory Ridge  
Milford, MI 48380

RE: License #: AF630081134  
**Perrault AFC**  
**1551 S. Hickory Ridge**  
**Milford, MI 48380**

Dear Mrs. Perrault:

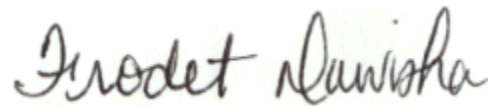
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 black ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630081134
<b>Licensee Name:</b>	Linda Perrault
<b>Licensee Address:</b>	1551 S. Hickory Ridge Milford, MI 48380
<b>Licensee Telephone #:</b>	(248) 889-3188
<b>Name of Facility:</b>	Perrault AFC
<b>Facility Address:</b>	1551 S. Hickory Ridge Milford, MI 48380
<b>Facility Telephone #:</b>	(248) 889-3188
<b>Original Issuance Date:</b>	08/12/1998
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/05/2023

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

Date of Health Authority Inspection if applicable: 03/21/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: licensee designee

- 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. licensee did not have funds available for my review
- Meal preparation / service observed? Yes  No  If no, explain.  
Meal preparation did not occur during inspection
- 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. E-scores were not available for my review
- 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:  
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:

<b>R 330.1803</b>	<b>Facility environment; fire safety.</b>
	<p>(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.</p>

During the on-site inspection on 04/05/2023, licensee Linda Perrault did not have available for my review the forms completed to determine the capability of Resident A and Resident B to evacuate the home in the event of a fire.

<b>R 330.1803</b>	<b>Facility environment; fire safety.</b>
	<p>(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:</p> <p>(a) Improve the score to at least the "slow" category.</p> <p>(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box</p>

	9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.
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During the on-site inspection on 04/05/2023, licensee Linda Perrault did not have the 2022 or 2023 evacuation assessment completed annually nor available for my review.

<b>R 330.1806</b>	<b>Staffing levels and qualifications.</b>
	(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all of the following areas: (d) Basic first aid and cardiopulmonary resuscitation (e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.

During the on-site inspection on 04/05/2023, licensee Linda Perrault did not have her current basic first aid and cardiopulmonary resuscitation completed.

Also, Mrs. Perrault does not follow the 5-rights of medication administration when she administers medications to Resident A and Resident B.

<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	(1) A licensee, responsible person, and a member of the household shall be in such physical and mental health so as not to negatively affect either the health of the resident or the quality of his or her care.

The responsible person Aaron Perrault did not have a statement provided regarding his physical and mental health completed.

<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the

	licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.
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During the on-site inspection on 04/05/2023, licensee Linda Perrault did not have a statement signed by a licensed physician as to her physical health available for my review.

<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

During the on-site inspection on 04/05/2023, licensee Linda Perrault did not have verification of her current communicable tuberculosis available for my review.

<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians' instructions; health care appraisal.</b>
	(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.

During the on-site inspection on 04/05/2023, Resident A and Resident B did not have their resident care agreements for 2022 or 2023 completed or available for my review.

<b>R 400.1416</b>	<b>Resident health care.</b>
	(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.

During the on-site inspection on 04/05/2023, Resident A and Resident B did not have their weight records on file for the past two years.

<b>R 400.1418</b>	<b>Resident medications.</b>
	(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions: (a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

During the on-site inspection on 04/05/2023, I reviewed Resident A's and Resident B's medication logs for 2022 and 2023. Licensee Linda Perrault did not maintain a record as to the time she administered these medications to Resident A and Resident B from 10/01/2022-12/01/2022 and from 04/01/2023-04/05/2023.

<b>R 400.1418</b>	<b>Resident medications.</b>
	(5) Prescription medication shall be kept in the original pharmacy-supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.

During the on-site inspection on 04/05/2023, I observed the medication cabinet to be unlocked. Licensee Linda Perrault does not keep the medication cabinet locked.

<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	(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.

During the on-site inspection on 04/05/2023, Resident A and Resident B did not have their fund's part I form completed nor available for my review.

<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	(6) All trust fund account transactions shall require the signature of the resident or the resident's designated representative and the licensee, or prior written approval from the resident or resident's designated representative.

During the on-site inspection on 04/05/2023, Resident A and Resident B did not have their fund's part II forms completed with the residents' designated



representative's signature for cost of care and personal funds for 04/2021 through 03/2023.

<b>R 400.1422</b>	<b>Resident records.</b>
	<p>(1) A licensee shall complete and maintain 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:</p> <p>(a) Identifying information, including, at a minimum, all of the following:</p> <ul style="list-style-type: none"> <li>(i) Name.</li> <li>(ii) Social security number.</li> <li>(iii) Home address.</li> <li>(iv) Name, address, and telephone number of the next of kin or designated representative.</li> <li>(v) Name, address, and telephone number of person or agency responsible for the resident's placement in the home.</li> <li>(vi) Name, address, and telephone number of the preferred physician and hospital.</li> </ul> <p>(b) Date of admission.</p> <p>(c) Date of discharge and place to which resident was discharged.</p>

During the on-site inspection on 04/05/2023, Resident A's and Resident B's records did not have their resident identification form completed or available for my review.

<b>R 400.1424</b>	<b>Environmental health.</b>
	<p>(1) The water supply shall be adequate, of a safe and sanitary quality, and from an approved source. Hot and cold running water under pressure shall be provided.</p>

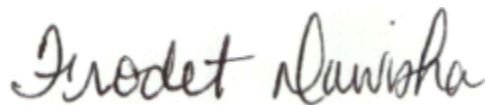
During the on-site inspection on 04/05/2023, the hot water temperature in bathroom #1 was 123.6° Fahrenheit, which is outside the safe range of 105°-120° Fahrenheit.

<b>R 400.1440</b>	<b>Heat producing equipment.</b>
	<p>(3) Where conditions indicate a need for inspection, heat-producing equipment shall be inspected by a qualified inspection service. If there are violations, a copy of the inspection report shall be submitted to the department, together with a written corrective action plan. A copy of the certificate of approval from the qualified inspection service shall be maintained in the home and available for department review.</p>

During the on-site inspection on 04/05/2023, licensee Linda Perrault did not have the annual inspection of the furnace and alarm system available for my review.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



04/11/2023

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Frodet Dawisha  
Licensing Consultant

Date

Approved by:



04/11/2023

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Denise Y. Nunn  
Area Manager

Date