

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 27, 2023

Dornita Elder Time of Refreshing LLC 27660 Vermont Southfield, MI 48076

RE: License #: AS630306304

Time of Refreshing 27660 Vermont Southfield, MI 48076

Dear Ms. Elder:

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,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems

3026 West Grand Blvd

Cadillac Place, Ste 9-100

Detroit, MI 48202

(248) 860-4475

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

#### I. IDENTIFYING INFORMATION

**License #:** AS630306304

**Licensee Name:** Time of Refreshing LLC

Licensee Address: 27660 Vermont

Southfield, MI 48076

Licensee Telephone #: (131) 322-0111

Licensee Designee: Dornita Elder

Administrator: Dornita Elder

Name of Facility: Time of Refreshing

Facility Address: 27660 Vermont

Southfield, MI 48076

**Facility Telephone #:** (313) 220-1117

Original Issuance Date: 04/26/2010

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

**MENTALLY ILL** 

**AGED** 

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):		02/17/2023	
Date	e of Bureau of Fire Services Inspection if applicable:		N/A	
Date	e of Health Authority Inspection if applicable:		N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A	0 3		
•	Medication pass / simulated pass observed? Yes ⊠	No 🗌 If n	o, explain.	
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ 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.  There was no meal preparation/service provided during the on-site inspection.  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	Fire safety equipment and practices observed? Yes	⊠ No 🔲 I	f no, explain.	
•	E-scores reviewed? (Special Certification Only) Yes  No N/A N/A If no, explain.  Water temperatures checked? Yes No If no, explain.			
•	Incident report follow-up? Yes \(\subseteq\) No \(\subseteq\) If no, explain there were no incident reports requiring follow-up. Corrective action plan compliance verified? Yes \(\subseteq\) CAP 2/26/2021, R 400.14301(10), 14312(4)(b) and 14 Number of excluded employees followed-up?	CAP date/s		
•	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 400.14201

Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.

- (3) Before a temporary license is issued, an applicant and an administrator shall be competent in all of the following areas:
  - (b) First aid.
  - (c) Cardiopulmonary resuscitation.

The licensee designee did not have a current first aid or cardiopulmonary resuscitation certificate available for review.

## 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 did not have available for review proof of successfully completing 16 hours of annual training or 6 credit hours at an accredited college or university.

#### 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 did not have a statement from a licensed physician attesting to the physician's knowledge of her health.

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.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

The licensee designee did not have a current communicable tuberculosis test result available for review.

#### 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 in the kitchen, first floor bathroom, and second floor bathroom had a reading of 138 degrees Fahrenheit.

### IV. RECOMMENDATION

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

Cindy Ben	02/27/2023
Licensing Consultant	 Date