

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 31, 2023

Jessica Libo-on Michigan Outreach Corporation 2000 Crabtree Drive Troy, MI 48083

RE: License #: AS630318282

St. John AFC Home 23866 Merrill Avenue Southfield, MI 48075

Dear Ms. Libo-on:

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 #:** AS630318282

**Licensee Name:** Michigan Outreach Corporation

**Licensee Address:** 2000 Crabtree Drive

Troy, MI 48083

**Licensee Telephone #:** (586) 907-4120

Licensee Designee: Jessica Libo-on

**Administrator:** Jessica Libo-on

Name of Facility: St. John AFC Home

Facility Address: 23866 Merrill Avenue

Southfield, MI 48075

**Facility Telephone #:** (248) 996-9580

Original Issuance Date: 10/08/2012

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

TRAUMATICALLY BRAIN INJURED

**ALZHEIMERS** 

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	03/31/2023	
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  O Role: N/A		
•	Medication pass / simulated pass observed? Yes ⊠ No ☐ If n	o, 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 $\boxtimes$ No $\square$ If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.		
•	Fire safety equipment and practices observed? Yes ⊠ No □	lf no, explain.	
•	E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ If no, explain.  Water temperatures checked? Yes ☒ No ☐ If no, explain.	N/A ⊠	
•	Incident report follow-up? Yes ⊠ No ☐ If no, explain.		
•	Corrective action plan compliance verified? Yes ☐ CAP date/s N/A ☒ Number of excluded employees followed-up? N/A ☒	and rule/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 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

There was medication stored in the refrigerator in an unlocked box.

## R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

There was water leaking from the ceiling in bedroom #2.

## 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 front door was not equipped with positive-latching, non-locking-against-egress hardware.

#### R 400.14509 Means of egress, wheelchairs.

(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.

The second means of egress located in the garage was not equipped with a threshold ramp at the exit door.

# IV. RECOMMENDATION

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

03/31/2023

Cindy Berry Date

Licensing Consultant