



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 22, 2023

Patsy Bolden  
Mom's Healing Hands, LLC  
937 E. Grand Blvd  
Detroit, MI 48207

RE: License #: AS820359803  
**Mom's Healing Hands, I**  
**975 E. Grand Blvd.**  
**Detroit, MI 48207**

Dear Ms. Bolden:

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 cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820359803

**Licensee Name:** Mom's Healing Hands, LLC

**Licensee Address:** 1027 E. Grand Blvd.  
Detroit, MI 48207

**Licensee Telephone #:** (313) 922-4915

**Licensee/Licensee Designee:** Patsy Bolden

**Administrator:** Patsy Bolden

**Name of Facility:** Mom's Healing Hands, I

**Facility Address:** 975 E. Grand Blvd.  
Detroit, MI 48207

**Facility Telephone #:** (770) 710-9014

**Original Issuance Date:** 11/20/2014

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/16/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

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.
- 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
803 (3), 301 (6), 312 (4b), 401 (2), 402 (3) 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 330.1803                      Facility environment; fire safety.**

(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:

(a) Improve the score to at least the "slow" category.

(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 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.

At the time of inspection, Licensee failed to complete and maintain a record of evacuation assessments shall be conducted within 30 days after the admission For Resident A.

**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 six 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.

At the time of inspection, Licensee Designee/ Administrator failed to participate in, and successfully complete, 16 hours of training and/or completed six 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.

**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.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, Staff- Danielle Moore and LaAngela Collins employee records reviewed did not contain a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

**R 400.14208 Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:  
(e) Verification of experience, education, and training.

At the time of inspection, Staff- Danielle Moore and LaAngela Collins employee records reviewed did not contain direct care worker training.

**R 400.14312 Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, Resident B's medication administration record was not signed by staff on the following dates and times:

- 03/10/2023 at the 7:00pm dosage for Prolixin
- 03/17/2023 at the 12:00pm dosage for Depakene
- 03/31/2023 at the 7:00pm dosage for Cogentin and Depakene

**R 400.14312 Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

At the time of inspection, Resident A records reviewed did not contain written instructions that he is to not receive any medications until after his surgery in May 2023. Resident A has not received prescribed medications since 02/27/2023 per a telephone request from his physician according to staff.

**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.

At the time of inspection, Licensee failed to maintain and practice fire drills for daytime hours during fourth quarter; evening hours during the third quarter and sleeping hours during the second quarter in 2022.

**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.

At the time of inspection, I observed the upstairs resident's bathroom hot water temperature to be at 90 degrees Fahrenheit at the faucet.

**R 400.14403            Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection, I observed the following:

- One inoperable stove burner and stove knobs to be very loose when turning without any traction to them.
- Moldy upstairs resident shower area.
- Missing bathroom wall tile and wall area to be in disrepair.

**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.

At the time of inspection, I observed the back entrance/exit door to not be equipped with non-locking against egress hardware.



#### IV. RECOMMENDATION

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

*Shatonla Daniel*

05/22/2023

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Shatonla Daniel  
Licensing Consultant

Date