

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 30, 2023

Stormey Jackson Springwell Adult Services, PLLC 23469 West Ranch Hill Southfield, MI 48033

RE: License #: AS630396498 Paulette's Assisted Living 23469 W Ranch Hill Southfield, MI 48033

Dear Ms. Jackson:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

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Sheena Bowman, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License#:	AS630396498		
Licensee Name:	Springwell Adult Services, PLLC		
Licensee Address:	23469 West Ranch Hill Southfield, MI 48033		
Licensee Telephone #:	(248) 252-7050		
Licensee/Licensee Designee:	Stormey Jackson		
Administrator:	Melonie Barnes		
Name of Facility:	Paulette's Assisted Living		
Facility Address:	23469 W Ranch Hill Southfield, MI 48033		
Facility Telephone #:	(248) 252-7050		
Original Issuance Date:	04/28/2022		
Capacity:	5		
Program Type:	AGED ALZHEIMERS		

II. METHODS OF INSPECTION

Date of On-site Inspection(s):03/29/2023

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

Date of Health Authority Inspection if applicable: N/A

o. of staff interviewed and/or observed			1	
No. of residents interviewed and/or observed			1	
No. of others interviewed		Role:		

- Medication pass / simulated pass observed? Yes
 No
 If no, explain.
 The resident is not prescribed medication. The resident was admitted with eye
 drops but the licensee designee is waiting to receive a label for the eye drops.
- Medication(s) and medication record(s) reviewed? Yes No X If no, explain.
 There were no medications to observe on the MAR.
- Resident funds and associated documents reviewed for at least one resident? Yes ⊠ No □ If no, explain.
- Meal preparation / service observed? Yes No X If no, explain.
 It was not meal time during the onsite.
- Fire drills reviewed? Yes No X If no, explain.
 There is only one resident in the home who was admitted one day prior to the onsite.
- Fire safety equipment and practices observed? Yes \boxtimes No \square 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: LSR CAP Approved 10/27/22 asec713(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 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A is considered an emergency admission therefore; she has not received a physical. However, there is no documentation stating Resident A was an emergency admission.

R 400.14315 Handling of resident funds and valuables.

(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.

The funds part I section B was left blank. The funds part II form was left blank as well.

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:

(b) Date of admission.

(viii) Funeral provisions and preferences.

The resident identification record did not include Resident A's date of admission or burial provisions.

A corrective action plan was requested and approved on 03/29/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

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03/30/23 Date

Licensing Consultant