

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

ORLENE HAWKS DIRECTOR

July 5, 2023

Rita Palmer Faithful Helpers LLC P.O Box 4128 Detroit, MI 48204

> RE: License #: AS820410681 Faithful Helpers 8210 Coyle St Detroit, MI 48228

Dear Ms. Palmer:

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. To verify your implementation and compliance with this corrective action plan:

• You are to submit a Statement of Correction.

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,

Regina Buchanon

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3029

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

I. IDENTIFYING INFORMATION

License #:	AS820410681
Licensee Name:	Faithful Helpers LLC
Licensee Address:	8210 Coyle Detroit, MI 48228
Licensee Telephone #:	(313) 675-7354
Licensee/Licensee Designee:	Rita Palmer
Administrator:	Rita Palmer
Name of Facility:	Faithful Helpers
Facility Address:	8210 Coyle St Detroit, MI 48228
Facility Telephone #:	(313) 551-4563
Original Issuance Date:	07/06/2022
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	07/03/2023	
Date of Bureau of Fire Services Inspection if applic	able: N/A	
Date of Health Authority Inspection if applicable:	N/A	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role: N/A	1 0	
• Medication pass / simulated pass observed? Yes \boxtimes No \square 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 I If no, explain. Meal preparation / service observed? Yes No X If no, explain. The resident was not home. Fire drills reviewed? Yes No I 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? Y N/A X 	es 🗌 CAP date/s and rule/s:	
• Number of excluded employees followed-up?	N/A 🖂	
• Variances? Yes 🗌 (please explain) No 🗌 N	J/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

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 was 134 degrees Fahrenheit.

R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

The upstairs shower was not equipped with a handrail. One was installed during this onsite inspection but was not sturdy and easily removable.

IV. RECOMMENDATION

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

Regina Buchanon

_07/05/2023 Date

Licensing Consultant