



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 15, 2023

Lisa Murrell
Community Living Centers Inc
33235 Grand River
Farmington, MI 48336

RE: License #: AM630009277
CLC Farmington Freedom
22550 Farmington Road
Farmington, MI 48336

Dear Lisa Murrell:

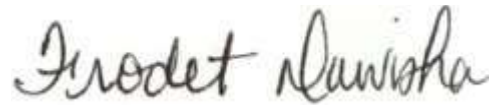
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

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,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AM630009277
Licensee Name:	Community Living Centers Inc
Licensee Address:	33235 Grand River Farmington, MI 48336
Licensee Telephone #:	(248) 229-0889
Administrator/Licensee Designee:	Lisa Murrell
Name of Facility:	CLC Farmington Freedom
Facility Address:	22550 Farmington Road Farmington, MI 48336
Facility Telephone #:	(248) 477-2336
Original Issuance Date:	04/14/1980
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/15/2023

Date of Bureau of Fire Services Inspection if applicable: 05/22/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

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.
Did not occur during inspection
- 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:
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 400.14315	Handling of resident funds and valuables.
	(11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account.

During the on-site inspection on 08/15/2023, I reviewed Resident A's fund's part II and there were two withdrawals; \$160 on 04/15/2023 and \$300 on 12/01/2022 which were more than the approved amount of \$50; therefore, a written approval is required before charges are made. There was no written approval from Resident A's guardian for either amount.

REPEAT VIOLATION ESTABLISHED: LSR DATED 08/25/2021; CAP DATED 08/25/2021

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.

During the on-site inspection on 08/15/2023, the hot water temperature was below the range of 105°-120° Fahrenheit in bathroom #1 (70.5° Fahrenheit) and bathroom #3 (95.4° Fahrenheit).

REPEAT VIOLATION ESTABLISHED: LSR DATED 08/25/2021; CAP DATED 08/25/2021

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.

During the on-site inspection on 08/15/2023, the ceiling tiles in the living room were separating from the ceiling.

R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic

	temperature control and a pressure relief valve, both of which shall be in good working condition.
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During the on-site inspection on 08/15/2023, the sink in bathroom #3 was not draining properly and the faucet was leaking.

A corrective action plan was requested and approved on 08/15/2023. 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.



08/15/2023

Frodet Dawisha
Licensing Consultant

Date