



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 2, 2023

Anna Paige
Paige's Supervised Comm Living Inc
G 3472 W Pasadena Ave
Flint, MI 48504

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| RE: License #: | AS250010947 Reid Road Home 7214 Reid Rd Swartz Creek, MI 48473 |
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Dear Ms. Paige:

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 and special certification 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 (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive, flowing style.

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

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

I. IDENTIFYING INFORMATION

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| License #: | AS250010947 |
| Licensee Name: | Paige's Supervised Comm Living Inc |
| Licensee Address: | G 3472 W Pasadena Ave Flint, MI 48504 |
| Licensee Telephone #: | (810) 732-6485 |
| Licensee/Licensee Designee: | Anna Paige |
| Administrator: | Anna Paige |
| Name of Facility: | Reid Road Home |
| Facility Address: | 7214 Reid Rd Swartz Creek, MI 48473 |
| Facility Telephone #: | (810) 635-4674 |
| Original Issuance Date: | 09/25/1991 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED |
| Certified Programs: | DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/28/2023

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

Date of Environmental/Health Inspection if applicable: EHI requested 08/01/23.

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: N/A

- 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: 10/11/21, AS 401(2), AS 403(1), AS 203(1) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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| This facility was found to be in non-compliance with the following rules: | |
| 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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis. |
| At the time of my inspection, I noted that staff is not recording the reason for each administration of a resident's prn. All information shall be documented on the medication administration record in accordance with this rule. | |
| 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. |
| At the time of my inspection, I noted that the tile flooring and partial tile walls in the shower-only bathroom was damaged, there were cracked floor tiles, and there was evidence of mildew. The bathroom floor and partial tile walls must be repaired and/or replaced and the mildew must be removed. | |
| R 400.14510 | Heating equipment generally. |
| | (2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition. |
| At the time of my inspection, I noted that the clothes dryer is not equipped with a solid metal vent. All dryer vents must have solid metal vents. | |

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).

Susan Hutchinson

October 2, 2023

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| Susan Hutchinson Licensing Consultant | Date |
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