

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 12, 2023

Ira Combs, Jr. Christ Centered Homes, Inc. 327 West Monroe Street Jackson, MI 49202

RE: License #: AS380348376

Herkimer-Reagen 1616 Herkimer Jackson, MI 49203

#### Dear Ira Combs, Jr.:

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 designee 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,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd., Ste. #9-100 Detroit, MI 48202 (517) 262-8604

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

#### I. IDENTIFYING INFORMATION

**License #:** AS380348376

**Licensee Name:** Christ Centered Homes, Inc.

**Licensee Address:** 327 West Monroe Street

Jackson, MI 49202

**Licensee Telephone #:** (517) 499-6404

Licensee/Licensee Designee: Ira Combs, Jr.

Administrator: Ira Combs, Jr.

Name of Facility: Herkimer-Reagen

Facility Address: 1616 Herkimer

Jackson, MI 49203

**Facility Telephone #:** (517) 250-7924

Original Issuance Date: 01/23/2015

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

### II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/12/2023
Date of Bureau of Fire Services Inspection if applicable: 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  O Role:
Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.
Medication(s) and medication record(s) reviewed? Yes ⊠ No ☐ If no, explain
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ∑ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ∑ If no, explain. The on-site inspection was not concurrent with the mealtimes.</li> <li>Fire drills reviewed? Yes ∑ No ☐ If no, explain.</li> </ul>
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain.</li> </ul>
Incident report follow-up? Yes ⊠ No □ If no, explain.
<ul> <li>Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒</li> <li>Number of excluded employees followed-up? 1 N/A ☐</li> </ul>
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 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

The annual health review was outdated for Employee #1, as it was last reviewed on December 10, 2021.

#### R 400.14315

Handling of resident funds and valuables.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

The licensee accepted more than \$200.00 for safekeeping for Resident A.

#### 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.

There were three fire drills conducted during the 2<sup>nd</sup> quarter of 2022; however, there were no fire drills conducting during the evening hours, as required.

#### 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.

- There was no filter covering the fan over the stove.
- The living room walls required repair and repainting.
- The walls in the main bathroom needed to be repainted.

#### R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

The Bedroom #2 door was not equipped with positive-latching hardware.

#### 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.

The second required means of egress was equipped with a deadbolt.

#### IV. RECOMMENDATION

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

Mahtina Rubeitius	7/12/23
Mahtina Rubritius	Date
Licensing Consultant	