

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

August 10, 2023

Michael Fields Advanced Teaching Concepts Inc P.O. Box 158 South Lyon, MI 48178

RE: License #: AS630064594

Ostrum House 2101 Ostrum

Waterford, MI 48328

Dear Michael Fields:

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 or
- 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,

Kristen Donnay, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Place

3026 W. Grand Blvd. Ste 9-100

Kisten Donna

Detroit, MI 48202

(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630064594
Licensee Name:	Advanced Teaching Concepts Inc
Licensee Address:	60674 Russell Lane
	South Lyon, MI 48178
Licensee Telephone #:	(248) 486-5368
Licensee Designee:	Michael Fields
Name of Facility:	Ostrum House
Facility Address:	2101 Ostrum
	Waterford, MI 48328
Facility Telephone #:	(248) 332-5007
Original Issuance Date:	01/28/1995
Capacity:	6
Due sure True s	DUVOLCALI VI LANDICA DDED
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 08/09/2023		
Date	e of Bureau of Fire Services Inspection if applicable: N/A		
Date	e of Environmental/Health Inspection if applicable: N/A		
No.	of staff interviewed and/or observed 4 of residents interviewed and/or observed 3 of others interviewed 2 Role: Licensee designee		
•	Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain		
•	Resident funds and associated documents reviewed for at least one resident? Yes \square No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. Inspection did not occur during meal time Fire drills reviewed? Yes \boxtimes No \square If no, explain.		
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes No N/A In 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 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection:

- The faucet in the bathroom attached to bedroom #2 was not working properly and had calcium buildup on it.
- The fire door leading to the furnace room was not fully closing.
- The doors leading to the furnace room and garage located through bedroom #5 did not have non-locking against egress locks.

A corrective action plan was requested and approved on 08/09/2023. 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.

Kristen Donnay Date Licensing Consultant