



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

August 4, 2023  
Jessica Hotchkiss  
Groveland Quality Care LLC  
4770 Groveland Road  
Ortonville, MI 48462

RE: License #: AS630261635  
**Groveland Quality Care LLC**  
**4770 Groveland Road**  
**Ortonville, MI 48462**

Dear Ms. Hotchkiss:

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.

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 "Sheena Worthy".

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630261635

**Licensee Name:** Groveland Quality Care LLC

**Licensee Address:** 4770 Groveland Road  
Ortonville, MI 48462

**Licensee Telephone #:** (248) 627-6876

**Licensee/Licensee Designee:** Jessica Hotchkiss

**Administrator:** Jessica Hotchkiss

**Name of Facility:** Groveland Quality Care LLC

**Facility Address:** 4770 Groveland Road  
Ortonville, MI 48462

**Facility Telephone #:** (248) 627-6876

**Original Issuance Date:** 07/21/2004

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/03/2023

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

Date of Health Authority Inspection if applicable: 07/11/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed [redacted] Role: [redacted]

- 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.  
It was not meal time during the onsite.
- 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.  
The licensing consultant thermometer stopped working during the onsite.
- Incident report follow-up? Yes  No  If no, explain.  
N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
LSR CAP Approved 07/31/19; 301(8), 301(4), 403(1), 301(10), 205(4), 203(1), 312(2), 312(4)(b), 312(4)(c), 315(3), 407(1), 507(5)
- LSR CAP Approved 08/11/21; 312(4)(a), 203(1), 511(2), 407(1) 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 400.14203            Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 07/31/19 AND 08/11/21**

The licensee designee, Jessica Hotchkiss did not complete the required annual trainings for 2021 or 2022.

**R 400.14301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 07/31/19**

Resident A's initial assessment plan was not signed by the licensee designee, Jessica Hotchkiss.

**R 400.14312 Resident medications.**

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Resident B's Novolog injection flexpen is not being kept in a locked box in the refrigerator.

**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:

(b) Complete an individual medication log that contains all of the following information:

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 07/31/19**

There was a missing staff initial for Resident B's Novolog on 08/02/23 during the afternoon timeframe.

**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:

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

A prescription was not obtained for Resident A's Primidone 50mg when it was discontinued. A prescription was not obtained for Resident B's Lorazepam .5mg when it was changed from a PRN to a daily medication.

**R 400.14315 Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 07/31/19**

Resident B funds part II monthly transactions have not been documented since he was admitted on 03/01/23.

**R 400.14316 Resident records.**

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(b) Date of admission.

Resident A date of admission was not documented on the resident identification record.

**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.

During the second quarter in 2021, there was a missing daytime fire drill.  
During the third quarter in 2021, there was a missing evening fire drill.

**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, the sliding door located downstairs does not open and/or close easily.

**R 400.14506      Fire extinguishers; location, examination, and maintenance.**

(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.

The fire extinguishers in the home were too small as they do not meet the required 2A 10BC size.

**R 400.14511      Flame-producing equipment; enclosures.**

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

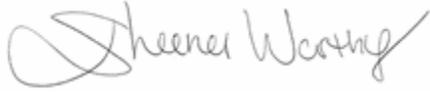
**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 08/11/21**

The fire door is not equipped with proper positive latching hardware as the door does not completely close every time the door closes.

A corrective action plan was requested and approved on 08/03/2023. 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.

A handwritten signature in black ink that reads "Sheena Worthing". The signature is written in a cursive style with a large, looping initial "S".

08/04/23  
Date

Licensing Consultant