



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 15, 2023

Kelly Devereaux
Mentors Of Michigan, Inc.
3812 Finch
Troy, MI 48084

RE: License #: AS630287813
Chester Hills
404 Arlington
Rochester, MI 48307

Dear Kelly Devereaux:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
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 #: | AS630287813 |
| Licensee Name: | Mentors Of Michigan, Inc. |
| Licensee Address: | 3812 Finch Troy, MI 48084 |
| Licensee Telephone #: | (248) 632-3534 |
| Licensee Designee: | Kelly Devereaux |
| Name of Facility: | Chester Hills |
| Facility Address: | 404 Arlington Rochester, MI 48307 |
| Facility Telephone #: | (248) 651-6820 |
| Original Issuance Date: | 02/04/2008 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/09/2023

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 2 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.
Inspection did not occur during meal time
- 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 400.14403 | 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 wood was damaged on the basement door.
- The finish was worn and peeling off the kitchen cabinets/counter.
- The doorframe was cracked in bedroom #2.
- There was a hole in the closet door in bedroom #3.
- The banister on the staircase was loose and the wood was broken.
- The stain on the back deck was worn and the deck was broken leaving nails exposed.

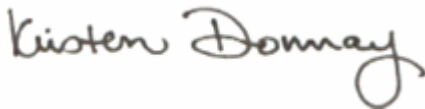
| | |
|--------------------|--|
| R 400.14403 | Maintenance of premises. |
| | (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair. |

During the onsite inspection:

- The carpet in the upstairs bedrooms was stained and worn.
- The walls throughout the facility were scuffed, damaged, and in need of fresh paint.

IV. RECOMMENDATION

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



08/15/2023

Kristen Donnay
Licensing Consultant

Date