



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 8, 2023

Betty Mackie
Henry's Inc.
P.O. Box 81733
Rochester, MI 48308

RE: License #: AS820273992
Henry's Inc. Paradise Home
30935 Pennsylvania
Romulus, MI 48174

Dear Ms. Mackie:

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 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,

A handwritten signature in black ink, appearing to read 'Denasha Walker', with a horizontal line extending to the right.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License#: AS820273992

Licensee Name: Henrys Inc.

Licensee Address: P.O. Box 81733
Rochester, MI 48308

Licensee Telephone #: (313) 910-2951

Licensee/Licensee Designee: Betty Mackie

Administrator: Sheila Hawkins

Name of Facility: Henry's Inc. Paradise Home

Facility Address: 30935 Pennsylvania
Romulus, MI 48174

Facility Telephone #: (313) 363-7018

Original Issuance Date: 06/07/2005

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/07/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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:
CAP Dated 10/27/2021 R 400.14403 (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 400.14312 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:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, Resident A's medication administration records (MARs) were not initialed by the staff who administered medications.

- Catapres Clondine HCL 0.1mg PO TAB, take 1 tablet by mouth three times daily was not initialed on 12/25/2021 through 12/30/2021 at 4:00 p.m. No explanation provided.

- Seroquel Quetiapine Fumarate 50 mg PO TAB, take 2 tablets by mouth every morning and 1 tablet in the afternoon was not initialed on 11/16/2021, 11/30/2021, 12/25/2021 through 12/30/2021 at 12:00 p.m. No explanation provided.

- Ditropan Oxybutynin Chloride 5mg PO TAB, take 1 tablet by mouth three times daily was no not initialed on 12/25/2021 through 12/30/2021, 01/21/2022, 01/23/2022 through 01/31/2022 at 4:00 p.m. No explanation provided.

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.

At the time of inspection, emergency and evacuation procedures were not completed during evening hours at least once per quarter.

- Evening drills were not completed during the 1st, 2nd and 3rd quarter of 2022.
- Evening drill was not completed during the 1st quarter of 2023.

IV. RECOMMENDATION

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



11/08/2023

Denasha Walker
Licensing Consultant

Date