



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 11, 2023

Lillar Hudson
Hudson Home I Inc
P.O. Box 02752
Detroit, MI 48202

RE: License #: AL820398356
Hudson Home I Inc
750 Virginia Park
Detroit, MI 48202

Dear Ms. Hudson:

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 cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

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

I. IDENTIFYING INFORMATION

License #:	AL820398356
Licensee Name:	Hudson Home I Inc
Licensee Address:	750 Virginia Park St Detroit, MI 48282
Licensee Telephone #:	(313) 875-5499
Licensee/Licensee Designee:	Lillar Hudson
Administrator:	Dante Graham
Name of Facility:	Hudson Home I Inc
Facility Address:	750 Virginia Park Detroit, MI 48202
Facility Telephone #:	(313) 875-5499
Original Issuance Date:	06/13/2019
Capacity:	19
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/06/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 3
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.
- 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: 803(6), 310(3), 312(4b), 403(1), 407(3) 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 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, Staff- Veronica Newell employee records reviewed did not contain a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of inspection, Staff- Veronica Newell employee records reviewed did not contain current testing for communicable tuberculosis.

R 400.15318 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, Licensee failed to practice and maintain a copy of fire drills during sleeping hours for the first quarter in 2022 and 2023.

R 400.15403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection, I observed the following:

- Two resident bathroom doors not equipped with positive latching hardware.
- Peeling, rough patched, cracked, buckling, and unfinished walls along with ceilings throughout the facility.

R 400.15403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At the time of inspection, I observed the following:

- Dust covered walls and ceilings.
- Stained carpets throughout the facility.

IV. RECOMMENDATION

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



12/11/2023

Shatonla Daniel
Licensing Consultant

Date