

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

December 14, 2023

Kimberly Nichols Joyner Home LLC PO Box 04030 Detroit, MI 48204

> RE: License #: AS820338755 Joyner Home I 5522 Webb St Detroit, MI 48204

Dear Ms. Nichols:

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:

• An on-site inspection will be conducted.

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,

K. Kopinson

K. Robinson, LMSW, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-0574

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

# I. IDENTIFYING INFORMATION

License #:	AS820338755
Licensee Name:	Joyner Home LLC
Licensee Address:	PO Box 04030 Detroit, MI 48204
Licensee Telephone #:	(313) 570-6006
Licensee/Licensee Designee:	Kimberly Nichols, Designee
Administrator:	Kimberly Nichols
Name of Facility:	Joyner Home I
Facility Address:	5522 Webb St Detroit, MI 48204
Facility Telephone #:	(313) 397-1104
Original Issuance Date:	06/07/2013
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## **II. METHODS OF INSPECTION**

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

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed02No. of residents interviewed and/or observed03No. of others interviewed01Role:Licensee designee

- Medication pass / simulated pass observed? Yes  $\boxtimes$  No  $\square$  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.
  Breakfast served prior to my arrival.
- 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: 12/04/21: 403(2), 403(5) N/A □
- Number of excluded employees followed-up? 01 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 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Water temperature tested at 144 degrees Fahrenheit.

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

Observed locking against egress hardware on 2 of 2 upstairs bedroom doors.

Ms. Nichols indicated the locks were changed at the direction of her contract agency (DWIHN).

A corrective action plan was requested and approved on 12/12/2023. 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.

12/14/23

Kara Robinson Licensing Consultant Date