



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 18, 2023

Rebirth Community Inclusion Program, LLC
16951 Maryland
Southfield, MI 48075

RE: License #: AS820396286
Rebirth Community Inclusion Program
811 Superior St
Wyandotte, MI 48192

Dear Linda Jefferson:

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 blue ink that reads "Pandora Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

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

I. IDENTIFYING INFORMATION

License #: AS820396286

Licensee Name: Rebirth Community Inclusion Program, LLC

Licensee Address: 16951 Maryland
Southfield, MI 48075

Licensee Telephone #: (313) 778-3194

Licensee/Licensee Designee: Linda Jefferson

Administrator: Linda Jefferson

Name of Facility: Rebirth Community Inclusion Program

Facility Address: 811 Superior St
Wyandotte, MI 48192

Facility Telephone #: (734) 407-7390

Original Issuance Date: 07/22/2021

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/15/2023

Date of Bureau of Fire Services Inspection if applicable: 12/15/2023

Date of Health Authority Inspection if applicable: 12/15/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

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:
CAP dated 04/01/22 R 105(1), 302 (3) and 510 (5) 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

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

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Resident A did not have a written health care appraisal completed and on file within the 90-day period before his admission to the home. Resident A was admitted on 03/01/23.

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of inspection, Resident B did not have resident care agreements completed for 2022 or 2023.

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, I observed that Resident B's Ventolin HFA inhaler, which is also a PRN, had staff initials through 12/21/23. I conducted the onsite on 12/15/23.

I also observed the following;

- Resident B's 8:00 am medications were not initialed as given on 12/15/23.
- Resident B's 8:00 am Metformin HCL 850mg Tablet was not initialed as given on 12/05/23, 12/10/23, and 12/11/23.
- Resident B's 5:00pm Quetiapine 30 mg Tablet was not initialed as given on 12/05/23, 12/10/23, and 12/11/23.
- Resident B's 8:00pm Atorvastatin 20 mg Tablet was not initialed as given on 12/09/23, 12/10/23 and 12/11/223.
- Resident B's 8:00am Symbicort Aerosol was not initialed as given on 12/01/23, 12/05/23, and 12/10/23, The 8:00pm dose was not initialed as given on 12/04/23 and 12/09/23.

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.

At the time of inspection, the hot water in the kitchen tested at 150 degrees Fahrenheit and in the resident bathroom it tested at 157 degrees Fahrenheit.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, the primary means of egress (front door) was not equipped with non-locking against egress hardware.

IV. RECOMMENDATION

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



Pandrea Robinson
Licensing Consultant

12/18/23
Date