

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 1, 2024

Janet Patterson
Pathways to Self Determination, LLC
Suite 102
28237 Orchard Lake Rd.
Farmington Hills, MI 48334

RE: License #: AS630339657

Saginaw Center 312 Saginaw Pontiac, MI 48340

Dear Ms. Patterson:

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 and special certification 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,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems

Cadillac Place, Ste. 9-100

Detroit, MI 48202 (248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630339657

Licensee Name: Pathways to Self Determination, LLC

Licensee Address: Suite 102

28237 Orchard Lake Rd. Farmington Hills, MI 48334

Licensee Telephone #: (248) 723-7152

Licensee/Licensee Designee: Janet Patterson

Administrator: Janet Patterson

Name of Facility: Saginaw Center

Facility Address: 312 Saginaw

Pontiac, MI 48340

Facility Telephone #: (248) 723-7152

Original Issuance Date: 11/21/2014

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

| Date | of On-site Inspection(s): | 01/24/2024 | |
|-------|--|---------------------------------------|--|
| Date | of Bureau of Fire Services Inspection if applicable: | N/A | |
| Date | of Health Authority Inspection if applicable: | N/A | |
| No. o | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 2 Role: Management | 1 | |
| • 1 | Medication pass / simulated pass observed? Yes ⊠ | No ☐ If no, explain. | |
| • 1 | Medication(s) and medication record(s) reviewed? Ye | es 🗵 No 🗌 If no, explain. | |
| • N | Resident funds and associated documents reviewed for at least one resident? Yes \(\subseteq \ \ No \(\subseteq \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| • F | Fire safety equipment and practices observed? Yes | ⊠ No lf no, explain. | |
| ľ | E-scores reviewed? (Special Certification Only) Yes [f no, explain. Water temperatures checked? Yes ⊠ No ☐ If no, e | | |
| • (| ncident report follow-up? Yes No If no, expla There were no incident reports that required a follow-u Corrective action plan compliance verified? Yes C N/A Number of excluded employees followed-up? | ıp. | |
| | Variances? Yes ☐ (please explain) No ☐ N/A ⊠ | ··· · · · · · · · · · · · · · · · · · | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| This facility was fo | und to be in non-compliance with the following rules: | | |
|---|---|--|--|
| R 400.14203 | Licensee and administrator training requirements. | | |
| | (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement. | | |
| There was no verification licensee designee/administrator Janet Patterson completed at least 16 hours of department approved training annually. | | | |
| R 400.14310 | Resident health care. | | |
| | (3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years. | | |
| There was no verification Resident A was weighed monthly from February to December 2022. | | | |
| R 400.14403 | Maintenance of premises. | | |
| | (2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance. | | |
| The kitchen sink was damaged. | | | |
| 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. | | |
| | he residents' bedrooms, hallways on upper and main level as well as e dirty and/or had chipping paint. In addition, there were some holes | | |
| R 400.14407 | Bathrooms. | | |

| | (3) Bathrooms shall have doors. Only positive-latching, non-lockingagainst-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors. | | |
|--|--|--|--|
| The bathroom doors were not equipped with non-locking-against-egress hardware. | | | |
| R 400.14510 | Heating equipment generally. | | |
| | (2) A furnace, water heater, heating appliances, pipes, wood- burning stoves and furnaces, and other flame- or heat- producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition. | | |
| The dryer was not | equipped with an approved metal duct. | | |

IV. RECOMMENDATION

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

DaShawnda Lindsey Date Licensing Consultant