



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 29, 2024

Janan Kallabat
Chamberlain House, Inc.
121 Chamberlain
Pontiac, MI 48342

RE: License #: AS630408684
Chamberlain House 2
7394 OAK TREE DR
WEST BLOOMFIELD, MI 48322

Dear Janan Kallabat:

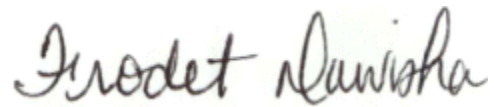
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630408684
Licensee Name:	Chamberlain House, Inc.
Licensee Address:	121 Chamberlain Pontiac, MI 48342
Licensee Telephone #:	(248) 335-1370
Administrator/Licensee Designee:	Janan Kallabat
Name of Facility:	Chamberlain House 2
Facility Address:	7394 OAK TREE DR WEST BLOOMFIELD, MI 48322
Facility Telephone #:	(248) 335-1370
Original Issuance Date:	08/12/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/25/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: licensee designee

- 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.
Did not occur during inspection
- 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:
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 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (b) First aid. (c) Cardiopulmonary resuscitation.

During the on-site inspection on 01/25/2024, direct care staff LaShae White did not have her current first aid and cardiopulmonary resuscitation (CPR) in her employee file. Her first aide and CPR expired on 09/08/2023.

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: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 01/25/2024, I reviewed Resident A's and Resident B's medication logs and found the following errors:

- Resident A's medication logs for January 2022, February 2022, August 2022, February 2023-May 2023 had several missing staff initials.
- Resident B's medication logs for January 2022, August 2023 and November 2023 had several missing staff initials.

R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the on-site inspection on 01/25/2024, the closet door mirror and the mini window blinds were broken in bedroom #4.

R 400.14403	Maintenance of premises.
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

During the on-site inspection on 01/25/2024, bathroom #1 shower did not have non-skid surface.

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.

During the on-site inspection on 01/25/2024, the tiles in bathroom #3 were missing between the shower and the toilet.

R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

During the on-site inspection on 01/25/2024, the sinks faucet in bathroom #2 located upstairs is loose.

R 400.14409	Bedroom space: "usable floor space" defined.
	(7) There shall not be less than a 3-foot clearance between beds in a multioccupancy bedroom.

During the on-site inspection on 01/25/2024, the beds located in bedroom #1 did not have three feet of clearance between the two beds.

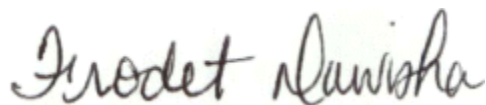
R 400.14506	Fire extinguishers; location, examination, and maintenance.
	(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.

During the on-site inspection on 01/25/2024, there were no fire extinguishers located on the lower level or the basement of the home.

A corrective action plan was requested and approved on 01/29/2024. 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.



01/29/2024

Frodet Dawisha
Licensing Consultant

Date