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GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 29, 2024

Roger Covill North-Oakland Residential Services Inc P. O. Box 216 Oxford, MI 48371

RE: License #: AS630012358

Dartmouth Road Home

3525 Dartmouth Oxford, MI 48371

Dear Roger Covill:

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 or
- 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,

Kristen Donnay, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Place

3026 W. Grand Blvd. Ste 9-100

Visten Doma

Detroit, MI 48202 (248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630012358
Licensee Name:	North-Oakland Residential Services Inc
Licensee Address:	106 S. Washington
	Oxford, MI 48371
Licensee Telephone #:	(248) 969-2392
Licensee Designee:	Roger Covill
Name of Facility:	Dartmouth Road Home
Facility Address:	3525 Dartmouth
	Oxford, MI 48371
	(0.10) 000 0010
Facility Telephone #:	(248) 628-6212
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Original Issuance Date:	06/24/1983
Consoite	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
Program Type:	DEVELOPIVIENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 02/29/2024
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date	e of Environmental/Health Inspection if applicable: 11/14/2023
No.	of staff interviewed and/or observed 1 of residents interviewed and/or observed 1 of others interviewed 1 Role: Licensee designee
•	Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. Inspection did not occur during meal time Fire drills reviewed? Yes \boxtimes No \square If no, explain.
•	Fire safety equipment and practices observed? Yes \boxtimes No \square 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 400.14403	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 onsite inspection, the walls throughout the facility were scuffed and the paint was worn. There was a small hole in the corner of the bathroom ceiling.

R 400.14407	Bathrooms.
	(3) Bathrooms shall have doors. Only positive-latching, non-locking against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

During the onsite inspection, the bathroom door was not equipped with non-locking against egress hardware.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Kristen Donnay Date Licensing Consultant