

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

MARLON I. BROWN, DPA ACTING DIRECTOR

February 21, 2024

Gladys Sledge Packard Group Inc PO Box 2066 Southfield, MI 48037

> RE: License #: AS630271172 Foxmoor Lane 28510 Lorraine Farmington Hills, MI 48336

Dear Ms. Sledge:

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 (248) 975-5053.

Sincerely,

heener Worthy

Sheena Worthy, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd, Suite 9-100 Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License#:	AS630271172
Licensee Name:	Packard Group Inc
Licensee Address:	Suite 303 731 Pallister Street Detroit, MI 48202
Licensee Telephone #:	(248) 626-3837
Licensee/Licensee Designee:	Gladys Sledge
Administrator:	Gladys Sledge
Name of Facility:	Foxmoor Lane
Facility Address:	28510 Lorraine Farmington Hills, MI 48336
Facility Telephone #:	(248) 476-8139
Original Issuance Date:	02/23/2005
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/21/2024

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed3No. of residents interviewed and/or observed0No. of others interviewedRole:

- 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 X If no, explain.
 It was not meal time during the onsite.
- Fire drills reviewed? Yes \square No \square 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.
 N/A
- Corrective action plan compliance verified? Yes ⊠ CAP date/s and rule/s: SIR CAP Approved 08/05/21; 312(5)
- SIR CAP Approved 04/01/20; 315(13)
- LSR CAP Approved 9/13/21; 203(1), 204(3), 208(1)(f), 301(4), 301(6), 307(3), 310(3), 312(4)(b), 403(2), 403(11), 410(2)
- LSR CAP Approved 09/12/19; 403(2), 103(1)(e), 103(1)(f), 205(3), 208(1)(e), 209(1)(o), 209(1)(t), 301(6)(b), 301(6)(d), 301(10), 312(4)(b), 312(4)(a), 315(3), 316(1)(a), 401(7), 402(6), 402(1), 402(3), 505(4), 510(2), 510(3), 511(1), 403(4), 403(13), 204(1) 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 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A funds part II form for the month of December 2022 did not include the transaction amount for the cost of care.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The fire drills for the fourth quarter is missing a daytime fire drill in 2022. One of the fire drills in the third quarter in 2022 did not indicate if the fire drill was completed in the am or pm.

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.

Resident A bedroom window needs to be replaced as it fell apart while trying to open it.

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. The service door in the garage is considered the second means of egress however; it is not equipped with non-locking against egress.

A corrective action plan was requested and approved on 02/21/2024. 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.

heener Worthy

02/21/24 Date

Licensing Consultant