

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 20, 2024

Daniel Bogosian Moriah Incorporated 3200 E Eisenhower Ann Arbor, MI 48108

RE: License #: AL810086003

Eisenhower Center - East Hall 3200 Eisenhower Parkway Ann Arbor, MI 48108

Dear Mr./Ms. Bogosian:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

OR

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The license is valid only at your present address and is nontransferable.

OR

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: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

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.

OR

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.

OR

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

OR

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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,

Jeffrey J. Bozsik, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 417-4277

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

I. IDENTIFYING INFORMATION

LicenseLicense #: AL810086003

Licensee Name: Moriah Incorporated

Licensee Address: 3200 E Eisenhower

Ann Arbor, MI 48108

Licensee Telephone #: (313) 806-2154

Licensee/Licensee Designee: Daniel Bogosian, Designee

Administrator:

Name of Facility: Eisenhower Center - East Hall

Facility Address: 3200 Eisenhower Parkway

Ann Arbor, MI 48108

Facility Telephone #: (734) 677-0070

Original Issuance Date: 07/22/1999

Capacity: 16

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 03/20/2 | 2024 |
|------|--|----------|----------------------------|
| Date | e of Bureau of Fire Services Inspection if appl | icable: | 08/31/2023 |
| Date | e of Health Authority Inspection if applicable: | | 03/20/2024 |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role: | | |
| • | Medication pass / simulated pass observed? | Yes [|]No □ If no, explain. |
| • | Medication(s) and medication record(s) revie | wed? \ | 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 \(\square\) No \(\square\) If no, ex | kplain. | |
| • | Fire safety equipment and practices observe | d? Yes | □ No □ If no, explain. |
| • | E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes No | | |
| • | Incident report follow-up? Yes No If | no, expl | ain. |
| • | Corrective action plan compliance verified? N/A Number of excluded employees followed-up? | | CAP date/s and rule/s: |
| • | 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. *(remove if this does not apply)*

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

OR

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

OR

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

OR

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

OR

Refusal to renew the license is recommended.

Jeffrey J. Bozsik
Licensing Consultant