



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 2, 2024

Kimberlee Waddell  
NRM LLC  
Suite 160  
17187 N. Laurel Park Dr.  
Livonia, MI 48152

RE: License #: AL630412119  
Investigation #: 2024A0602010  
South Ridge

Dear Ms. Waddell:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Cindy Berry". The signature is written in a cursive style with a large, looping initial "C" and a long, sweeping tail on the "y".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
3026 West Grand Blvd  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 860-4475

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630412119
<b>Investigation #:</b>	2024A0602010
<b>Complaint Receipt Date:</b>	12/08/2023
<b>Investigation Initiation Date:</b>	12/08/2023
<b>Report Due Date:</b>	02/06/2024
<b>Licensee Name:</b>	NRMI LLC
<b>Licensee Address:</b>	160 17187 N. Laurel Park Dr. Livonia, MI 48152
<b>Licensee Telephone #:</b>	(734) 646-1603
<b>Administrator:</b>	Tammy Zentz
<b>Licensee Designee:</b>	Kimberlee Waddell
<b>Name of Facility:</b>	South Ridge
<b>Facility Address:</b>	25911 Middlebelt Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(248) 516-1370
<b>Original Issuance Date:</b>	06/01/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/01/2022
<b>Expiration Date:</b>	11/30/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
<b>Fire safety inspection report issued a disapproval rating.</b>	Yes

## III. METHODOLOGY

12/08/2023	Special Investigation Intake 2024A0602010
12/08/2023	Special Investigation Initiated - Telephone Spoke with Larry DeWatcher from the Bureau of Fire Safety.
12/15/2023	Inspection Completed On-site Interviewed the administrator, Tammy Zentz.
02/26/2024	Contact - Telephone call made Spoke with the administrator, Tammy Zentz.
02/26/2024	Exit Conference Held with the licensee designee, Kimberlee Waddell.
02/26/2024	Contact - Document Received Received corrective action plan from Ms. Waddell.
02/26/2024	Contact - Document Received Received an email from the area director of NeuroRestorative Timothy Hoste.
03/07/2024	Contact – Document Received Received an inspection report from the Bureau of Fire Services.

### ALLEGATION:

**Fire safety inspection report issued a disapproval rating.**

### INVESTIGATION:

On 12/04/2023, the department received a disapproval rating from the Bureau of Fire Services, Fire Marshal Division. According to the fire safety inspection report, prior rechecks for compliance were conducted on 6/26/2023, 8/29/2023, and 10/16/2023. The facility was found non-compliant in the following areas:

- Improper electrical wiring was found installed in the IT closet located across from resident room #102. An extension cord was found running through the wall and piggy backing of power strips.
- Documentation of the semi-annual cleaning/inspection of the kitchen hood ventilation system was not available for review.
- Storage found in resident room #110. The room is not rated for storage and is connected/shared with an occupied resident room.
- The therapy office has been changed to a storage room. This room is not rated for storage.
- Documentation of the annual fire extinguisher inspection was not available for review.
- The secondary door to the therapy office was blocked by a large desk unit pushed against it. The door is not rated the same as the wall and must be removed or the door opening rated to a ½-hour fire resistance rated smoke partition.

On 12/08/2023, a complaint was received and assigned for investigation alleging that a disapproval rating was issued by the bureau of fire services.

On 12/08/2023, I spoke with Larry DeWatcher who is a supervisor with the Bureau of Fire Services. Mr. DeWatcher stated the facility was re-inspected four times continued violations that led to a disapproval rating being issued.

On 12/15/2023, I conducted an unannounced on-site investigation at which time I interviewed the administrator, Tammy Zentz. Ms. Zentz stated the facility maintenance director will be contacting the fire marshal to address the violations documented in the inspection report and to schedule another inspection. Ms. Zentz said the violations have been corrected and they are waiting for a re-inspection date.

On 2/26/2024, I spoke with Ms. Zentz by phone to follow up on the status of the re-inspection. She said she has not received a response as to when the fire safety inspector will conduct the re-inspection. I informed Ms. Zentz that moving forward, it should not take four inspections from the Bureau of Fire Services to correct any violations that are found. Ms. Zentz agreed and stated the manager usually does the walk through with the fire marshal and report any violation cited to herself and the maintenance director for correction.

On 2/26/2024, I conducted an exit conference with the licensee designee, Kimberlee Waddell. Ms. Waddell stated all violations have been corrected and they are still waiting on the fire safety inspector, Don Christensen to conduct a re-inspection. Ms. Waddell submitted a corrective action plan documenting that all violations were corrected as of 12/04/2023.

On 2/26/2023, I received an email from Timothy Hoste who is the area director of NeuroRestorative. Mr. Hoste stated they have been in communication with the fire inspector. They were informed that due to his schedule it will be another two weeks before he will be able to conduct a re-inspection. However, if anything becomes available before that time, he will let them know.

On 3/07/2024 I received an inspection report from the Bureau of Fire Services. According to the report, a follow-up inspection was conducted on 3/07/2024 and all violations cited in the previous inspection report have been corrected.

<b>APPLICABLE RULE</b>	
<b>MCL 400.720</b>	<b>Certificate of approval from bureau of fire services and department; compliance; denial or certification with limitations; hearing.</b>
	(1) The department shall not issue a temporary, provisional, or regular license to an adult foster care facility with a capacity of more than 6 adults until the facility receives a certificate of approval from the bureau of fire services created in section 1b of the fire prevention code, 1941 PA 207, MCL 29.1b, after compliance with fire safety standards prescribed in rules promulgated by the bureau of fire services pursuant to section 10(2).
<b>ANALYSIS:</b>	Based on the information obtained during the investigation there is sufficient information to determine that the facility did in fact receive a disapproval rating from the Bureau of Fire Services. According to the inspection report, rechecks for compliance were conducted on 6/26/2023, 8/29/2023, 10/16/2023, and 12/04/2023. The disapproval rating was issued on 12/04/2023.  On 3/07/2024, I received a Bureau of Fire Services inspection report. According to the report, a follow-up inspection was conducted on 3/07/2024 and all violations cited in the previous report have been corrected.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED (BUT CORRECTED)</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no change to the status of the license.



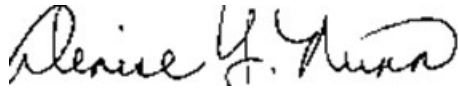
3/07/2024

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Cindy Berry  
Licensing Consultant

Date

Approved By:



04/02/2024

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Denise Y. Nunn  
Area Manager

Date