



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 20, 2024

Karen Lothery
8120 Sirron
Detroit, MI 48234

RE: License #: AS820396869
Our Faith
8120 Sirron
Detroit, MI 48234

Dear Ms. Lothery:

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read "D Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #: AS820396869

Licensee Name: Karen Lothery

Licensee Address: 8120 Sirron
Detroit, MI 48234

Licensee Telephone #: (313) 821-0683

Licensee/Licensee Designee: N/A

Administrator:

Name of Facility: Our Faith

Facility Address: 8120 Sirron
Detroit, MI 48234

Facility Telephone #: (313) 304-5330

Original Issuance Date: 09/27/2019

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/12/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0

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.
A full worksheet inspection was completed.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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.
No residents were present at the time of inspection.
- Fire drills reviewed? Yes No If no, explain.
All fire drills for this renewal period were not available for review.
- 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:
CAP Datesd 04/04/2022 R 400.14203 (1), R400.14208 (1), R 400.14315 (3),
R400.14318 (5), R 400.14402 (6), R 400.14409. 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 400.14103 Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.

(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.

At the time of inspection, Karen Lothery, licensee stated all residents were discharged from the home on 08/01/2023. She stated she leased the home to an individual that occupied the home for a couple months. Karen Lothery stated she recently reopened the facility in 01/2024.

Written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, was not received within 5 business days after the change occurs.

R 400.14105 Licensed capacity.

(1) The number of residents cared for in a home and the number of resident beds shall not be more than the capacity that is authorized by the license.

At the time of inspection, there were more resident beds than the capacity that is authorized by the license. The home is licensed for six, seven resident beds were observed.

R 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's

admission policy and program statement as approved by the department.

At the time of inspection Karen Lothery, licensee failed to successfully complete, 16 hours of training or 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 3/10/2022; CAP DATED 04/04/2022.**

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(a) Name, address, telephone number, and social security number.

(b) The professional or vocational license, certification, or registration number, if applicable.

(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

(d) Verification of the age requirement.

(e) Verification of experience, education, and training.

(f) Verification of reference checks.

(g) Beginning and ending dates of employment.

(h) Medical information, as required.

(i) Required verification of the receipt of personnel policies and job descriptions.

At the time of inspection, direct care staff Malinda Smith's employee file did not contain verification of reference checks, or verification of the receipt of personnel policies.

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.

At the time of inspection, Resident A's resident file did not contain a completed funds and valuables transaction form.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 3/10/2022; CAP DATED 04/04/2022.**

R 400.14316 Resident records.

(2) Resident records shall be kept on file in the home for 2 years after the date of a resident's discharge from a home.

At the time of inspection, resident records were not kept on file in the home for 2 years after the date of a resident's discharge from a home.

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.

At the time of inspection, emergency, and evacuation drills from 03/2022 through 08/2023 were not available for department review.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

At the time of inspection, the hot water temperature for resident's use did not range between 105 to 120 degrees Fahrenheit at the faucet. The hot water temperature was 136 degrees Fahrenheit throughout the home.

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.

At the time of inspection:

- The tile in the rear resident bedroom on the main floor was lifting and not in good repair.
- The resident bathroom on the second floor was equipped with a latch-locking mechanism on the doorframe outside the bathroom.

R 400.14409 Bedroom space; "usable floor space" defined.

(4) A maximum of 2 beds shall be allowed in any multioccupancy bedroom, except as provided in subrule (5) of this rule.

At the time of inspection, 3 beds were observed in the resident bedroom on the main floor. This facility was licensed in 09/27/2019, subrule (5) of this rule does not apply.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.

(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:

(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.

At the time of inspection, at least 1 single-station, battery-operated smoke detector was not installed in the basement.

R 400.14506 Fire extinguishers; location, examination, and maintenance.

(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.

At the time of inspection, the fire extinguisher located in the basement was not an approved 2A 10BC extinguisher or equivalent.

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.

At the time of inspection, the exit on the side of the home which is a part of the second means of egress was not equipped with non-locking-against-egress hardware.

IV. RECOMMENDATION

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

A handwritten signature in black ink, appearing to be 'AWW', written over a horizontal line.

03/20/2024

Date

Licensing Consultant