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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 23, 2024

Glynn Kirkwood Gee's Place AFC Inc PO Box 23567 Detroit, MI 48223

RE: License #: AS820304389

Gee's Place Adult Foster Care 15315 Lindsay Detroit, MI 48227

Dear Ms. Kirkwood:

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,

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Edith Richardson, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-1934

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

#### I. IDENTIFYING INFORMATION

**License #:** AS820304389

**Licensee Name:** Gee's Place AFC Inc

**Licensee Address:** 15315 Lindsay

Detroit, MI 48227

**Licensee Telephone #:** (313) 779-1828

Licensee/Licensee Designee: Glynn Kirkwood, Designee

Administrator: Glynn Kirkwood

Name of Facility: Gee's Place Adult Foster Care

Facility Address: 15315 Lindsay

Detroit, MI 48227

**Facility Telephone #:** (313) 779-1828

Original Issuance Date: 11/19/2009

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

**AGED** 

TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION Date of On-site Inspection(s): 05/22/2024 Date of Bureau of Fire Services Inspection if applicable: Date of Health Authority Inspection if applicable: No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Licesnsee Designee Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain. Medication(s) and medication record(s) reviewed? Yes $\square$ No $\square$ 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 No If no, explain. Fire safety equipment and practices observed? Yes No I If no, explain. E-scores reviewed? (Special Certification Only) Yes No N/A

Variances? Yes ☐ (please explain) No ☐ N/A ☒

Number of excluded employees followed-up?

Water temperatures checked? Yes ⊠ No ☐ If no, explain.

Corrective action plan compliance verified? Yes CAP date/s and rule/s:

N/A 🖂

Incident report follow-up? Yes \( \bigcap \) No \( \Bigcap \) If no, explain.

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

If no, explain.

 $N/A \times$ 

N/A

This facility was found to be in non-compliance with the following rules:

#### R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

There was no verification of annual health reviews for 2023.

#### 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.

A fire drill during sleeping hours was not conducted each quarter in 2023.

#### R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

There is a large vent on the upstairs furnace enclosure door.

### R 400.14511 Flame-producing equipment: enclosure.

(3) A permanent outside vent that cannot be closed shall be incorporated in the design of heating plant rooms so that adequate air for proper combustion is assured.

The upstairs furnace enclosure does not have a permanent vent to the outside.

**TECHINAL ASSISTANCE:** The combustion air must be directly from the outside

through noncombustible ductwork with a permanently opened vent and ducted to approximately 12" off the floor. If the heat plant room contains an outside wall, adequate combustion air may be provided through a louvered permanent opening or a permanently opened window. Combustion air openings must be at least equal to the combined diameter of all exhaust vent openings for the flame-producing equipment in the enclosure, or at least one (1) square inch of opening for each 4,000 BTU's produced, or as specified by the manufacturer.

#### IV. RECOMMENDATION

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

Edith Richardson

Licensing Consultant

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05/23/2024

Date