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GOVERNOR

### STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 30, 2024

Sherron Bryant 21407 La Salle Blvd Warren, MI 48089

RE: License #: AS820416223

Paris Safe Keeping 8437 Chalfonte Detroit, MI 48238

Dear Ms. Bryant:

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:

An on-site inspection will be conducted.

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.

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,

Edith Richardson, Licensing Consultant

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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 #:** AS820416223

Licensee Name: Sherron Bryant

**Licensee Address:** 8437 Chalfonte

Detroit, MI 48238

**Licensee Telephone #:** (313) 635-5852

Licensee/Licensee Designee: N/A

Administrator: Sherron Bryant

Name of Facility: Paris Safe Keeping

Facility Address: 8437 Chalfonte

Detroit, MI 48238

**Facility Telephone #:** (313) 492-6420

Original Issuance Date: 11/07/2023

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# II. METHODS OF INSPECTION Date of On-site Inspection(s): 04/30/2024 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

Date of Health Authority Inspection if applicable.	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:
•	Medication pass / simulated pass observed? Yes $\square$ No $\boxtimes$ If no, explain. No residents in care.
•	Medication(s) and medication record(s) reviewed? Yes $\square$ No $\square$ If no, explain. No residents in care.
•	Resident funds and associated documents reviewed for at least one resident?  Yes  No  If no, explain. No residents in care.
•	Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  No residents in care.
•	Fire drills reviewed? Yes \( \subseteq \text{No } \subseteq \text{If no, explain.} \) No residents in care.
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \)
•	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: N/A ☒
•	Number of excluded employees followed-up?  N/A

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

Variances? Yes  $\square$  (please explain) No  $\square$  N/A  $\boxtimes$ 

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

### MCL 400.713

License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

- (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:
- (b) The applicant's compliance with this act and rules promulgated under this act.

I am unable to determine the standards of care because during the temporary license there were no residents in care.

A corrective action plan was requested and approved on 04/30/2024. 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

I recommend modification of the current status of the license to provisional.

Edith Richardson

**Licensing Consultant** 

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04/30/2024

Date