

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 21, 2024

Torre Martin 43732 Medea Dr. Clinton Twp., MI 48036

RE: License #: AF500272469

Wright AFC 43732 Medea Dr.

Clinton Twp., MI 48036

Dear Ms. Martin:

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 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 (248) 975-5053.

Sincerely,

Eric Johnson, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Place, Ste 9-100

3026 W Grand Blvd.

Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AF500272469
Licensee Name:	Torre Martin
Licensee Address:	43732 Medea Dr.
	Clinton Twp., MI 48036
Licensee Telephone #:	(586) 843-7063
Licensee/Licensee Designee:	N/A
Administrator:	
No. 10 C Footility) N/ : 1 (A FO
Name of Facility:	Wright AFC
Facility Address:	43732 Medea Dr.
i demity Address.	Clinton Twp., MI 48036
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Facility Telephone #:	(586) 569-9155
Original Issuance Date:	06/20/2005
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	05/21/2024
Date of Bureau of Fire Services Inspection if app	olicable: N/A
Date of Health Authority Inspection if applicable:	N/A
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	2 1
Medication pass / simulated pass observed	? Yes ⊠ No □ If no, explain.
Medication(s) and medication record(s) revi	ewed? Yes 🛛 No 🗌 If no, explain.
 Resident funds and associated documents in Yes ∑ No ☐ If no, explain. Meal preparation / service observed? Yes [
Fire drills reviewed? Yes ⊠ No ☐ If no, €	explain.
Fire safety equipment and practices observe	ed? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification O If no, explain. Water temperatures checked? Yes ⊠ No 	•,
 Incident report follow-up? Yes ☐ No ☒ If None needed 	
 Corrective action plan compliance verified? N/A ⊠ 	Yes ☐ CAP date/s and rule/s:
Number of excluded employees followed-up	o? N/A ⊠
• 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.

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

R 400.1418	Resident medications.
	(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:
	(a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

During the onsite inspection on 05/21/24, Resident A's Medication records were not available for review.

IV. RECOMMENDATION

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

Eric Johnson Date Licensing Consultant