

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 5, 2024

Colleena James Angel Patient Inc. 12601 East Outerdrive Detroit, MI 48224

RE: License #: AS820407198

Angel Patience 2 14759 Lappin Street Detroit, MI 48205

Dear Ms. James:

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,

LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd

3 Stevens

Detroit, MI 48202 (313) 949-3055

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AS820407198

Licensee Name: Angel Patient Inc.

Licensee Address: 12601 East Outerdrive

Detroit, MI 48224

Licensee Telephone #: (313) 926-6609

Licensee/Licensee Designee: Colleena James

Administrator:

Name of Facility: Angel Patience 2

Facility Address: 14759 Lappin Street

Detroit, MI 48205

Facility Telephone #: (313) 926-6609

Original Issuance Date: 12/21/2021

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	06/04/2024
Date of Bureau of Fire Services Ins	pection if applicable:
Date of Health Authority Inspection	if applicable:
No. of staff interviewed and/or obse No. of residents interviewed and/or No. of others interviewed N/A	
 Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. A worksheet was completed. Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ 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. A full worksheet inspection was completed. Fire drills reviewed? Yes ⋈ No ☐ If no, explain. 	
Fire safety equipment and practice.	ctices 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. 	
N/A 🖂	nce verified? Yes CAP date/s and rule/s:
 Number of excluded employees Variances? Yes (please ex 	· —
■ variances: res (please ex	piaiii) ino 🔛 in/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 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection Resident weight record was not documented monthly.

R 400.14507 Means of egress generally.

(6) Occupied room door hardware shall be equipped with positivelatching, non-locking-against-egress hardware.

At the time of inspection the front screen door, kitchen door and bedroom screen door were equipped with locking against egress hardware.

IV. RECOMMENDATION

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

06/05/2024

LaKeitha Stevens Licensing Consultant

Stevens)

Date