



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 6, 2024

Thomas Parsons  
21725 Ulrich St  
Clinton Township, MI 48036

RE: License #: AF500415883  
**Hunters House**  
**21725 Ulrich St**  
**Clinton Township, MI 48036**

Dear Mr. Parsons:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AF500415883
<b>Licensee Name:</b>	Thomas Parsons
<b>Licensee Address:</b>	2175 Ulrich St Clinton Township, MI 48036
<b>Licensee Telephone #:</b>	(248) 221-2943
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Hunters House
<b>Facility Address:</b>	21725 Ulrich St Clinton Township, MI 48036
<b>Facility Telephone #:</b>	(248) 221-2493
<b>Original Issuance Date:</b>	11/15/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/30/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Staff

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
I observed medications.
- 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.  
I observed adequate food supply.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- 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:  
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:

<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.</b>
	<b>(3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</b>

Resident A, Resident B, and Resident C did not have signatures on the *Assessment Plans*. Mr. Parsons was not aware if the residents had guardians.

<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.</b>
	<b>(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated in the written resident care agreement.</b>

Resident A and Resident B and their designated responsible persons did not sign the *Resident Care Agreement*.

<b>R 400.1416</b>	<b>Resident healthcare.</b>
	<b>(3) A licensee shall record the weight of a resident on admission and then monthly after that. Weight records must be maintained for 2 years.</b>

Resident A was not weighed in November 2023. Resident B was not weighed in November 2023, December 2023, January 2024, and February 2024. Resident C was not weighed February and March of 2024.

<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	<b>(6) All trust fund account transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or resident's designated representative.</b>

Resident A, Resident B and Resident C did not have funds transactions completed.

<b>R 400.1422</b>	<b>Resident records.</b>
	<b>(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</b> <b>(a) Identifying information, including, at a minimum, all of the following:</b> <b>(iv) Name, address, and telephone number of the next of kin or designated representative.</b> <b>(vi) Name, address, and telephone number of the preferred physician and hospital.</b>

Resident A and Resident B did not have a next of kin or designated representative listed on their *Resident ID's*. Resident A, Resident B and Resident C did not have a preferred hospital or physician on their Resident ID's.

<b>R 400.1422</b>	<b>Resident records.</b>
	<b>(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</b> <b>(b) Date of admission.</b>

Resident A, Resident B and Resident C did not have admission dates on their Resident ID forms.

<b>R 400.1437</b>	<b>Smoke detection equipment.</b>
	<b>(2) If batteries are used as a source of energy, they shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer.</b>

I observed that the smoke alarm batteries throughout the home were not working.

<b>R 400.1438</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<b>(2) The evacuation plan and emergency procedures shall be prominently posted in the home.</b>

I observed that the evacuation plan posted needed to be more accurate. The bedrooms were documented in the wrong location on the layout and did not match the actual locations of the bedrooms in the home. I did not observe emergency procedures posted in the house.

<b>R 400.1438</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<b>(3) A telephone shall be available and accessible in the home. Emergency telephone numbers, including fire, police, physician, health agency, and ambulance, shall be conspicuously posted immediately adjacent to the telephone.</b>

There is no telephone available in the home. I did not observe any emergency telephone numbers posted in the home.

<b>R 400.1418</b>	<b>Resident medications.</b>
	<b>(3) Unless a resident's physician specifically states otherwise, all the giving, taking, or application of prescription medications shall be supervised by the licensee or responsible person.</b>

I observed Resident B's medication Vitamin D2 1.25mg was initialed on the *Medication Administration Record* but the medication was not available.

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On 06/05/2024, I conducted an exit conference with Mr. Parsons. In part of the phone call, Mr. Parsons included his sister, Shamara Watkins. Mr. Parsons was informed of the findings and the recommendation, which is to revoke the license. Ms. Parsons said he would like to close his license and sent an email stating this. I informed Mr. Parsons that he was required to issue 30-day discharge notices to the current residents.

#### IV. RECOMMENDATION

I recommend refusal to renew the license.

*L. Reed*

05/01/2024

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LaShonda Reed  
Licensing Consultant

Date

Approved by:

*Denise Y. Nunn*

05/31/2024

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Denise Y. Nunn  
Area Manager

Date