



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 31, 2024

Dwayne Barrett
PO Box 43-1511
Pontiac, MI 48343

RE: License #: AS630074426
Shirley Street Home
37 South Shirley
Pontiac, MI 48342

Dear Mr. Barrett:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

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

I. IDENTIFYING INFORMATION

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| License #: | AS630074426 |
| Licensee Name: | Dwayne Barrett |
| Licensee Address: | 713 Saint Andrews Ct. Pontiac, MI 48340 |
| Licensee Telephone #: | (248) 253-1632 |
| Administrator: | Dwayne Barrett |
| Name of Facility: | Shirley Street Home |
| Facility Address: | 37 South Shirley Pontiac, MI 48342 |
| Facility Telephone #: | (248) 396-7722 |
| Original Issuance Date: | 05/06/1997 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/30/2024

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 0

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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.
The inspection was not completed during meal time.
- 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.
There were no incidents to follow up on.
- 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

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| This facility was found to be in non-compliance with the following rules: | |
| R 400.14203 | Licensee and administrator training requirements. |
| | (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement. |

During the onsite inspection completed on 07/30/24, licensee Dwayne Barrett did not complete 16 hours of annual training in 2023.

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| R 400.14204 | Direct care staff; qualifications and training. |
| | (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. |

Direct care staff Dwayne Barrett Jr was hired on 04/29/2024, there is no proof that he has been trained in the following areas: Reporting requirements, Personal care, supervision, and protection, Resident Rights, and Safety and fire prevention.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report (LSR) dated 07/13/2022; CAP dated 08/17/2022.

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| 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. |
| | (3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to |

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| | the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home. |
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Direct care staff Dwayne Barrett Jr was hired on 04/29/2024, during the onsite inspection there was no physical on file completed within 30 days of hire.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report (LSR) dated 07/13/2022; CAP dated 08/17/2022.

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| 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. |
| | (4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter. |

During the onsite inspection completed on 07/30/24, licensee Dwayne Barrett did not have proof that he has been tested for communicable tuberculosis.

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| 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. |
| | (5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary. |

During the onsite inspection completed on 07/30/24, there was no proof that direct care staff Dwayne Barrett Jr was tested for communicable tuberculosis.

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| R 400.14510 | Heating equipment generally. |
| | (2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or |

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| | heat-producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition. |
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During the onsite inspection completed on 07/31/24, I observed that the clothes dryer vent was not vented outside with metal duct work.

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| R 400.14511 | Flame-producing equipment; enclosures. |
| | (1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor. |

During the onsite inspection completed on 05/23/23, I observed that the fire door was not equipped with an automatic self-closing device.

IV. RECOMMENDATION

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



07/31/2024

Johnna Cade
Licensing Consultant

Date