



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 22, 2024

Elonda Grubbe  
Macomb Residential Opportunities Inc.  
Suite #102  
14 Belleview  
Mt. Clemens, MI 48043

RE: License #: AS580401443  
**Hendricks Home**  
**1117 John L**  
**Monroe, MI 48162**

Dear Ms. Grubbe:

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,

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is fluid and cursive, with the first name "Pandrea" and last name "Robinson" clearly distinguishable.

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS580401443
<b>Licensee Name:</b>	Macomb Residential Opportunities Inc.
<b>Licensee Address:</b>	Suite #102 14 Belleview Mt. Clemens, MI 48043
<b>Licensee Telephone #:</b>	(586) 469-4480
<b>Licensee/Licensee Designee:</b>	Elonda Grubbe
<b>Administrator:</b>	Elizabeth Wilkerson
<b>Name of Facility:</b>	Hendricks Home
<b>Facility Address:</b>	1117 John L Monroe, MI 48162
<b>Facility Telephone #:</b>	(734) 244-5309
<b>Original Issuance Date:</b>	02/24/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/18/2024

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

Date of Environmental/Health Inspection if applicable: 07/18/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed Role:

- 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.
- 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: CAP Dated 08/23/22 Rules 803(6), 301 (10) 301 (9) N/A ☐
- Number of excluded employees followed-up? 1 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 330.1803                      Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:  
(a) Improve the score to at least the "slow" category.**

At the time of inspection, I observed that an annual evacuation assessment was not completed in 2023.

**\*REPEAT VIOLATION ESTABLISHED\* LSR DATED 08/10/22; CAP DATED 08/23/22.**

**R 400.14208                      Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:  
(e) Verification of experience, education, and training.**

At the time of inspection, I observed that staff, Natalia U., and staff, Adam P. employee record did not contain verification of education.

**R 400.14301                      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's**

designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, I observed that Resident A did not have an annual health care appraisal completed in 2023.

**\*REPEAT VIOLATION ESTABLISHED\* LSR DATED 08/10/22; CAP DATED 08/23/22.**

**R 400.14312**

**Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(a) Be trained in the proper handling and administration of medication.

At the time of inspection, I observed, staff, Dodie Owens, complete a medication pass. Although, she is trained, she did not utilize that training during the medication pass. Ms. Owens did not follow the five rights of medication. I observed Ms. Owens initial the bubble pack, pop the medication, and give it to the resident . Ms. Owens did not confirm that she had the right person, the right medication, the right dose, the right route or the right time.

#### **IV. RECOMMENDATION**

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



Pandrea Robinson  
Licensing Consultant

07/22/24  
Date