



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 15, 2024
Elonda Grubbe
Macomb Residential Opportunities Inc.
Suite #102
14 Belleview
Mt Clemens, MI 48043
RE: License #: AS630012622
Kern Group Home
3535 Kern Road
Oakland Township, MI 48363

Dear Ms. Grubbe:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|--|
| License #: | AS630012622 |
| Licensee Name: | Macomb Residential Opportunities Inc. |
| Licensee Address: | Suite #102 14 Belleview Mt Clemens, MI 48043 |
| Licensee Telephone #: | (586) 469-4480 |
| Licensee/Licensee Designee: | Elonda Grubbe |
| Administrator: | Elonda Grubbe |
| Name of Facility: | Kern Group Home |
| Facility Address: | 3535 Kern Road Oakland Township, MI 48363 |
| Facility Telephone #: | (248) 377-1940 |
| Original Issuance Date: | 05/18/1990 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/15/2024

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

Date of Environmental/Health Inspection if applicable: 7/23/24

No. of staff interviewed and/or observed

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No. of residents interviewed and/or observed

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.
It was not meal time during the onsite.
- 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:
SIR 8/20/24 CAP Pending; 305(1), 315(10), 308(2)(f)
- SIR 01/09/24 CAP Approved 02/21/24; 305(3), 303(2)
- LSR 10/19/22 CAP Approved 10/19/22; 306(2), 301(4), 312(4)(b), 315(3), 205(2)
- LSR 10/28/20 CAP Approved 11/05/20; 310(3), 316(1)(a), 301(10), 312(4)(c)
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:

R 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

During the 2022 fire drills, a fire drill was not completed during sleeping hours during the third quarter; a fire drill was not completed during evening hours during the second quarter; and a fire drill was not completed during sleeping hours during the first quarter.

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

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

LSR REPEAT VIOLATION ESTABLISHED; CAP APPROVED 10/19/22

Resident B's 2023 assessment plan was not signed by the licensee designee.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident B is prescribed to use Ketoconazole shampoo daily however; this medication was not located inside the AFC group home.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

The following medications were observed to be expired for Resident B:

- Metronidazole
- Albuterol
- HM ear wax
- Triple antibiotic ointment

R 400.14313 Resident nutrition.

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

During the onsite, the menu was not dated at least one week in advance.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

LSR REPEAT VIOLATION ESTABLISHED; CAP APPROVED 10/19/22

The funds part I for Resident A and Resident B was not completed in it's entirety as section B was left blank.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the 2022 fire drills, a fire drill was not completed during sleeping hours during the third quarter; a fire drill was not completed during evening hours during the second quarter; and a fire drill was not completed during sleeping hours during the first quarter.

R 400.14403 Maintenance of premises.


(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The hallway exit door is hard to open as it sticks when trying to open it.

A corrective action plan was requested and approved on 10/15/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Licensing Consultant

10/15/24
Date