



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 14, 2025

May Kinnard
Mecca House
Suite A
53 West Huron
Pontiac, MI 48342

RE: License #: AS630012321
Mecca House
2278 Richardson Court
Waterford, MI 48327

Dear Ms. Kinnard:

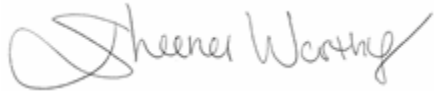
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 "Sheena Worthy". The signature is written in a dark ink and is positioned above the printed name and address.

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 #:	AS630012321
Licensee Name:	Mecca House
Licensee Address:	Suite A 53 West Huron Pontiac, MI 48342
Licensee Telephone #:	(248) 335-3547
Licensee/Licensee Designee:	May Kinnard
Administrator:	May Kinnard
Name of Facility:	Mecca House
Facility Address:	2278 Richardson Court Waterford, MI 48327
Facility Telephone #:	(248) 666-9278
Original Issuance Date:	01/28/1981
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/08/2025

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

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.
The onsite was completed virtually and the staff did not have a thermometer.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.
N/A
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
SIR CAP Approved 05/02/22; 206(2), 206(3), 208(3)
- LSR CAP Approved 01/12/23; 301(4), 301(6), 301(10), 312(2), 301(9), 315(3),
505(1), 511(1), 403(1), 205(2)
- LSR CAP Approved 01/26/21; 301(6), 301(4), 205(2), 203(1), 403(11), 803(1)
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 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.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Staff member Alberta Jones did not complete an annual physical for 2024.

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.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/12/23

Resident A was admitted on 07/17/23 however; his physical was not completed on the required BCAL health care appraisal form.

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

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/12/23 & LSR CAP APPROVED 01/26/21

The licensee designee May Kinnard did not sign Resident A's resident care agreement for 2023.

R 400.14312 Resident medications.

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

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/12/23

Resident A is prescribed shampoo daily however; there were several staff initials missing on his MAR as the staff is not administering his shampoo as prescribed. Resident B is prescribed Ingrezza daily however; the staff is not administering this medication and they have not obtained a prescription to discontinue it. Resident B is also prescribed Ferrous and it does not appear staff is administering this medication because there was only one initial on the MAR for the month of December 2024.

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.

Resident A was prescribed nasal spray in June 2023 for three days. This medication has not been properly disposed of.

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.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/12/23

Resident A and Resident B's funds part I was not completed in its entirety in section B. The licensee designee May Kinnard, did not sign for the monthly transactions on the funds part II for Resident A and Resident B.

R 400.14403 Maintenance of premises.

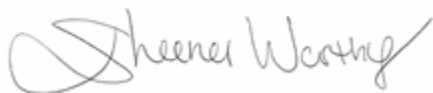
(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/26/21

The second full bathroom is missing handrails in the shower.

IV. RECOMMENDATION

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



Licensing Consultant

01/14/25
Date