

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

January 16, 2025

Good Touch Group Home LLC 439 Sibley St Trenton, MI 48183

RE: License #: AS820418171

**Good Touch Group Home LLC** 

21071 Tiffany Dr

Woodhaven, MI 48183

#### Dear Teresita Kahler:

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.

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,

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

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

#### I. IDENTIFYING INFORMATION

**License #:** AS820418171

Licensee Name: Good Touch Group Home LLC

**Licensee Address:** 21071 Tiffany Dr

Woodhaven, MI 48183

**Licensee Telephone #:** (313) 418-0019

Licensee/Licensee Designee: Teresita Kahler

Administrator: Teresita Kahler

Name of Facility: Good Touch Group Home LLC

Facility Address: 21071 Tiffany Dr

Woodhaven, MI 48183

**Facility Telephone #:** (734) 304-4984

Original Issuance Date: 08/07/2024

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

**AGED** 

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	01/14/2025
Date of Bureau of Fire Services Insp	ection if applicable:
Date of Health Authority Inspection i	f applicable:
No. of staff interviewed and/or obser No. of residents interviewed and/or of No. of others interviewed	
Medication pass / simulated pas	ss observed? Yes 🗵 No 🗌 If no, explain.
Medication(s) and medication re	ecord(s) reviewed? Yes ⊠ No □ If no, explain
Yes ⊠ No □ If no, explain.	
Fire safety equipment and pract	ices observed? Yes 🖂 No 🗌 If no, explain.
<ul> <li>E-scores reviewed? (Special Cellif no, explain.</li> <li>Water temperatures checked?</li> </ul>	ertification Only) Yes ☐ No ☐ N/A ☒ Yes ☒ No ☐ If no, explain.
• Incident report follow-up? Yes [	☐ No ☐ If no, explain.
<ul> <li>Corrective action plan complian N/A ⊠</li> <li>Number of excluded employees</li> </ul>	ce verified? Yes  CAP date/s and rule/s: followed-up?  N/A
Variances? Yes ☐ (please exp	olain) 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 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.

At the time of inspection, I observed that licensee designee, Teresita Kahler, had not conducted any emergency and evacuation drills since issuance of her temporary license, August 2024.

A corrective action plan was requested and approved on 01/14/2025. 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.

Pandrea Robinson

Licensing Consultant

01/16/25 Date