



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 15, 2024

Kimberlee Waddell
NRM LLC
160
17187 N. Laurel Park Dr.
Livonia, MI 48152

RE: License #: AL630412122
Southlake
25285 W. 11 Mile
Southfield, MI 48033

Dear Ms. Waddell:

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 "Cindy Berry". The signature is fluid and elegant, with the first and last names clearly distinguishable.

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
3026 West Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 860-4475

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

I. IDENTIFYING INFORMATION

License #:	AL630412122
Licensee Name:	NRMI LLC
Licensee Address:	Suite 160 17187 N. Laurel Park Dr. Livonia, MI 48152
Licensee Telephone #:	(734) 646-1603
Licensee Designee:	Kimberlee Waddell
Administrator:	Gregory Rostker
Name of Facility:	Southlake
Facility Address:	25285 W. 11 Mile Southfield, MI 48033
Facility Telephone #:	(248) 849-9988
Original Issuance Date:	06/01/2022
Capacity:	14
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/14/2024

Date of Bureau of Fire Services Inspection if applicable: 01/08/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: N/A

- 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 11/17/2022, R 401(2), R 402(6), R 403(2) and R 403(5). 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 400.15312 Resident medications.

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

Resident A's medication, Baclofen 10 mg Tab, morning, afternoon and bedtime blister packs were rubber banded together. Each blister pack was dated 10/2024 and only contained a few pills.

R 400.15312 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's PRN medications Diclofenac Patch 1.3% and Voltaren 1% cream were listed on the medication administration record, but the medications were not in the facility.

R 400.15401 Environmental health.

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

The window in room 111 did not contain a screen.

R 400.15403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

- There was quite a bit of dust and lint build-up behind the washer and dryer in the laundry room.
- Several resident rooms contained shower liners that were dirty.
- The shower in room 111 was dirty.

IV. RECOMMENDATION

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



11/15/2024

Cindy Berry
Licensing Consultant

Date