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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 3, 2025

Alicia Mitchell Hancock Residential Center Inc 801 W Willis Detroit, MI 48226

RE: License #: AL820007519

**Hancock Residential Center** 

801 W Willis

Detroit, MI 48201

Dear Ms. Mitchell:

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,

(313) 919-3003

Shatonla Daniel, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

Shatorla Daniel

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

## I. IDENTIFYING INFORMATION

**License #:** AL820007519

Licensee Name: Hancock Residential Center Inc

Licensee Address: 801 W Willis

Detroit, MI 48226

**Licensee Telephone #:** (313) 831-8641

Licensee/Licensee Designee: Alicia Mitchell

Administrator: Alicia Mitchell

Name of Facility: Hancock Residential Center

Facility Address: 801 W Willis

Detroit, MI 48201

**Facility Telephone #:** (313) 831-8641

Original Issuance Date: 04/04/1994

Capacity: 16

Program Type: DEVELOPMENTALLY DISABLED

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	01/31/2	024	
Date	e of Bureau of Fire Services Inspection if appl	licable:	12/04/2024	
Date of Environmental/Health Inspection if applicable:				
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e Design	2 6 ee	
•	Medication pass / simulated pass observed? Yes $\square$ No $\boxtimes$ If no, explain. Staff were doing activities with residents during inspection Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	Resident funds and associated documents reviewed for at least one resident? Yes \( \subseteq \text{No } \subseteq \text{If no, explain.} \) Meal preparation / service observed? Yes \( \subseteq \text{No } \subseteq \text{If no, explain.} \)			
•	Fire drills reviewed? Yes \( \square\) No \( \square\) If no, ex	xplain.		
•	Fire safety equipment and practices observe	d? 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, expla	ain.	
•	Corrective action plan compliance verified?  N/A   Number of excluded employees followed-up?		CAP date/s and rule/s: 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 400.15301

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 the inspection, Resident A's records reviewed did not contain an annual health care appraisal for 2023.

## IV. RECOMMENDATION

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

Shotorla Daniel	02/03/2025
Shatonla Daniel	Date
Licensing Consultant	