

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 18, 2025

Darlene Brown HCP HOMES LLC 2532 Kevern Way Okemos, MI 48864

RE: License #: AS330412322

HCP HOMES 738 N. Jenison Lansing, MI 48915

Dear Ms. Brown:

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.

A six-month provisional license is recommended due to inability to assess quality of care in the facility. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (517) 284-9730.

Sincerely,

Jana Lipps, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AS330412322

Licensee Name: HCP HOMES LLC

Licensee Address: 2532 Kevern Way

Okemos, MI 48864

Licensee Telephone #: (248) 270-2831

Licensee/Licensee Designee: Darlene Brown, Designee

Administrator: Darlene Brown

Name of Facility: HCP HOMES

Facility Address: 738 N. Jenison

Lansing, MI 48915

Facility Telephone #: (248) 270-2831

Original Issuance Date: 08/29/2024

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): N/A. On-site inspection conducted on 8/23/24 for original issuance inspection. Renewal inspection not completed on-site due to no residents in care under the temporary license.

| Date of Bureau of Fire Services Inspection if applicable: N/A |
|---|
| Date of Health Authority Inspection if applicable: N/A |
| No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: licensee designee |
| Medication pass / simulated pass observed? Yes \(\subseteq \) No \(\subseteq \) If no, explain. No residents in care during the term of the temporary license. Medication(s) and medication record(s) reviewed? Yes \(\subseteq \) No \(\subseteq \) If no, explain. No residents in care during the term of the temporary license. Resident funds and associated documents reviewed for at least one resident? Yes \(\subseteq \) No \(\subseteq \) If no, explain. No residents in care during the term of the temporary license. |
| Meal preparation / service observed? Yes \(\subseteq \) No \(\subseteq \) If no, explain. No residents in care during the term of the temporary license. Fire drills reviewed? Yes \(\subseteq \) No \(\subseteq \) If no, explain. |
| No residents in care during the term of the temporary license. Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain. No residents in care during the term of the temporary license. |
| E-scores reviewed? (Special Certification Only) Yes □ No ⋈ N/A □ If no, explain. No residents in care during the term of the temporary license. Water temperatures checked? Yes □ No ⋈ If no, explain. |
| No residents in care during the term of the temporary license. Incident report follow-up? Yes ☐ No ☒ If no, explain. No residents in care during the term of the temporary license. |
| Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: 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:

MCL 400.713

License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

- (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following:
- (b) The applicant's compliance with this act and rules promulgated under this act.

There has not been a resident admitted to this facility since the original license was issued on 8/29/24, therefore the quality of care cannot be assessed for renewal.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended. Quality of care could not be assessed due to no residents in care under the temporary license.

2/18/2

Jana Lipps Date

Licensing Consultant

Approved:

02/18/2025

Dawn Timm Date

Area Manager