



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 27, 2025
May Kinnard
Mecca House
Suite A
53 West Huron
Pontiac, MI 48342

RE: License #: AS630078390
Berg Home
24430 Berg
Southfield, MI 48034

Dear Ms. Kinnard:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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".

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AS630078390
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:	Berg Home
Facility Address:	24430 Berg Southfield, MI 48034
Facility Telephone #:	(248) 304-9461
Original Issuance Date:	01/14/1998
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/27/2025

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 0

No. of others interviewed [redacted] Role: [redacted]

- 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.
A meal was not prepared 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.
- Incident report follow-up? Yes No If no, explain.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
LSR CAP Approved 03/08/23; 803(5), 803(3), 301(4), 315(3), 306(2), 316(1),
301(10), 310(3), 318(5), 403(1), 408(4), 507(5), 312(7), 205(2)
- LSR CAP Approved 03/09/21; 203(1), 316(1), 205(2), 315(3), 401(2) 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 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 03/08/23

During the first quarter for 2024, a fire drill was not completed in the evening time.

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

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 03/08/23

Resident A's 2024 assessment plan was not signed by the licensee designee May Kinnard.

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident A's 2023 and 2024 resident care agreement was not signed by the licensee designee.

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.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 03/08/23

Resident A's Ibuprofen expired on 12/9/23 and it was not 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 03/08/23 & LSR CAP APPROVED 03/09/21

The Funds part I section B was left blank for Resident A and Resident B. The licensee designee did not sign the funds part II for Resident A between August 2024 to December 2024.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(viii) Funeral provisions and preferences.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 03/08/23 & LSR CAP APPROVED 03/09/21

The burial provisions for Resident A and Resident B was left blank on the identification record.

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.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 03/08/23

During the first quarter for 2024, a fire drill was not completed in the evening time.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

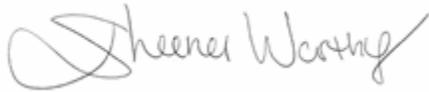
REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 03/09/21

The water temperature was below 105 degrees Fahrenheit in the kitchen and in the bathroom.

A corrective action plan was requested and approved on 02/27/2025. 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.

A handwritten signature in cursive script that reads "Sheena Wootney".

02/27/25
Date

Licensing Consultant