



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

January 29, 2018

Leonardo Marino-Ochoa  
ASGW, LLC  
36688 Briarcliff  
Sterling Hts., MI 48312

RE: License #: AS500366081  
Hearthstone Communities  
36688 Briarcliff  
Sterling Heights, MI 48312

Dear Mr. Marino-Ochoa:

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 (including photos).

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 "Roeiah Epps".

Roeiah Epps, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-1776

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

**I. IDENTIFYING INFORMATION**

**License #:** AS500366081

**Licensee Name:** ASGW, LLC

**Licensee Address:** 36688 Briarcliff  
Sterling Hts., MI 48312

**Licensee Telephone #:** (248) 925-8997

**Licensee Designee:** Leonardo Marino-Ochoa

**Administrator:** Angelyth Villamizar-Nieto

**Name of Facility:** Hearthstone Communities

**Facility Address:** 36688 Briarcliff  
Sterling Heights, MI 48312

**Facility Telephone #:** (248) 925-8997

**Original Issuance Date:** 08/12/2015

**Capacity:** 6

**Program Type:** ALZHEIMERS  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/25/2018

Date of Bureau of Fire Services Inspection if applicable: 01/25/2018

Date of Health Authority Inspection if applicable: 01/25/2018

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 4  
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain. Not required.
- 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. Not required.
- 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. None completed.
- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

**MCL 400.734b      Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the individual has been the subject of a criminal history check conducted in compliance with this section, the individual shall give written consent at the time of application for the adult foster care facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) or (5) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (11) are not met and a request to the federal bureau of investigation to make a determination of the existence of any national criminal history pertaining to the individual is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the adult foster care facility or staffing agency that has made a good faith offer of employment or an independent contract to the individual shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that individual to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection

(4). If the requirements of subsection (11) are not met and a request to the federal bureau of investigation to make a subsequent determination of the existence of any national criminal history pertaining to the individual is necessary, the adult foster care facility or staffing agency shall proceed in the manner required in subsection (5). A staffing agency that employs an individual who regularly has direct access to or provides direct services to residents under an independent contract with an adult foster care facility shall submit information regarding the criminal history check conducted by the staffing agency to the adult foster care facility that has made a good faith offer of independent contract to that applicant.

None of the staff members have fingerprint verification within 10 days of conditional offer of employment.

**R 400.14204            Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

- (d) Personal care, supervision, and protection.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

None of the staff members have verification of training for personal care, fire safety prevention, and prevention of containment of communicable diseases.

**R 400.14208            Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

- (f) Verification of reference checks.

All staff members only have one reference check in their employee files.

**R 400.14312            Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

- (a) Be trained in the proper handling and administration of medication.

None of the staff members have verification of medication administration training.

**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.

Fire drill records are missing for the months of January through October of 2016.

**R 400.14403      Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

- The walls in several areas of the home need to be repaired (chipped paint);
- The first bedroom door has a cracked door with broken and exposed wood caused by the Hoyer lift.

A corrective action plan was requested and approved on 01/25/2018. 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**

I recommend issuance of a 2 year regular adult foster care license.



1/29/18

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Roeiah Epps  
Licensing Consultant

Date