



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

January 16, 2018

Amie Pagano  
Suncrest Adult Care Home  
1930 N. Hickory Ridge Rd.  
Highland, MI 48357

RE: License #: AS630337237  
Suncrest Adult Care Home  
1930 N Hickory Ridge  
Highland, MI 48357

Dear Ms. Pagano:

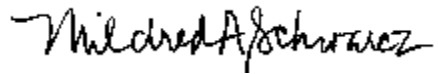
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



Mildred A. Schwarcz, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-3967

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630337237
<b>Licensee Name:</b>	Suncrest Adult Care Home
<b>Licensee Address:</b>	1930 N. Hickory Ridge Rd. Highland, MI 48357
<b>Licensee Telephone #:</b>	(248) 207-5378
<b>Licensee/Licensee Designee:</b>	Amie Pagano, Designee
<b>Administrator:</b>	Amie Pagano
<b>Name of Facility:</b>	Suncrest Adult Care Home
<b>Facility Address:</b>	1930 N Hickory Ridge Highland, MI 48357
<b>Facility Telephone #:</b>	(248) 245-1993
<b>Original Issuance Date:</b>	05/08/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/31/2017

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 08/23/2017

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Conducted standard worksheet inspection
- 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 01/26/2016 as204(2), as204(3), as311(1) 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:

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Residents' medication administration records were reviewed and the findings are as follows:

Resident A's medication record for September 2017 was missing initials of the staff person who administered the following medications on the listed dates.

Levetiracetam 500 mg 8:00 a.m. dose – 09/28/2017, 09/29/2017

Levetiracetam 500 mg 8:00 p.m. dose – 09/29/2017

Senna 8.8 mg 8:00 a.m. dose – 09/27/2017, 09/28/2017, 09/29/2017

Resident A's medication record for October 2017 was missing initials of the staff person who administered the following medications on the listed dates.

Guaifenesin 400 mg 8:00 a.m. dose – 10/24/2017, 10/26/2017, 10/30/2017, 10/31/2017

Resident B's medication record for April 2017 was missing initials of the staff person who administered the following medications on the listed dates.

Baclofen 10 mg 8:00 a.m. dose – 04/01/2017

Diltiazem 300 mg 8:00 a.m. dose – 04/01/2017

Fluoxetine 40 mg 8:00 a.m. dose – 04/01/2017

Senna Plus 8.6-50 mg 8:00 a.m. dose – 04/01/2017

Resident B's medication record for June 2017 was missing initials of the staff person who administered the following medications on the listed dates.

Aspirin 8:00 a.m. dose – 06/01/2017, 06/02/2017

Resident B's medication record for October 2017 was missing initials of the staff person who administered the following medications on the listed dates.

Aspirin 8:00 a.m. dose – 10/31/2017

Baclofen 10 mg 8:00 a.m. dose – 10/31/2017

Diazepam 5 mg 8:00 a.m. dose – 10/31/2017

Diltiazem 30 mg 8:00 a.m. dose – 10/31/2017

Fluoxetine 20 mg 8:00 a.m. dose – 10/31/2017

Senna Plus 8.6/50 mg 8:00 a.m. dose – 10/30/2017, 10/31/2017

Resident C's medication record for July 2017 was missing initials of the staff person who administered the following medications on the listed dates.

Duloxetine 60 mg 8:00 a.m. dose – 07/01/2017

Resident C's medication record for October 2017 was missing initials of the staff person who administered the following medications on the listed dates.

Aspirin 8:00 a.m. dose – 10/31/2017

Atenolol 25 mg 8:00 a.m. dose – 10/31/2017

Clopidogrel 75 mg 8:00 a.m. dose – 10/31/2017

Duloxetine 60 mg 8:00 a.m. dose – 10/31/2017

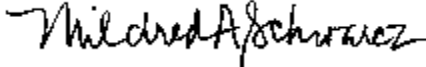
Furosemide 20 mg 8:00 a.m. dose – 10/31/2017

Losartan 50 mg 8:00 a.m. dose – 10/31/2017

Metformin 500 mg 8:00 a.m. dose – 10/31/2017  
Naproxen 220 mg 8:00 a.m. dose – 10/31/2017  
Pantoprazole 40 mg 8:00 a.m. dose – 10/31/2017

#### IV. RECOMMENDATION

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

 01/16/2018

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Mildred A. Schwarcz  
Licensing Consultant

Date