



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 23, 2019

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,

A handwritten signature in dark ink that reads "Frodet Dawisha". The signature is written in a cursive style with a prominent initial 'F'.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 303-6348

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

I. IDENTIFYING INFORMATION

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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/22/2019

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 07/31/2019

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 3
No. of others interviewed 1 Role: Licensee designee

- 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.
Mealtime did not occur during inspection
- 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:
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 400.14203	Licensee and administrator training requirements.
	<p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p> <p>(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.</p>

During the on-site inspection on 10/22/19, licensee designee Amie Pagano did not have her 16 hours of training completed for 2018 and 2019.

R 400.14204	Direct care staff; qualifications and training.
	<p>(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:</p> <p>(b) First aid.</p>

During the on-site inspection on 10/22/19, direct care staff Angeline Gilman did not have her current first aid completed as her first aid expired in September 2019.

R 400.14204	Direct care staff; qualifications and training.
	<p>(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:</p> <p>(c) Cardiopulmonary resuscitation.</p>

During the on-site inspection on 10/22/19, direct care staff Angeline Gilman did not have her current cardiopulmonary resuscitation completed as her cardiopulmonary resuscitation expired in September 2019.

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

During the on-site inspection on 10/22/19, licensee designee Amie Pagano did not have a current statement signed by a licensed physician attesting to her physical health for 2018/2019.

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

During the on-site inspection on 10/22/19, direct care staff Christine Wykes did not have a statement signed by a licensed physician within 30 days of her hire date of 06/14/19 to attest to her physical health.

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

During the on-site inspection on 10/22/19, licensee designee Amie Pagano did not have her current communicable tuberculosis available for review.

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.

During the on-site inspection on 10/22/19, direct care staff Christine Wykes had only one reference check completed at the time of her hire on 06/14/19.

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: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 10/22/19, I reviewed Resident A's medications and medication logs and found the following medication errors:

- **Mirapex 0.25MG Tab:** Take one tablet by mouth twice daily as directed was being administered for the month of 10/2019; however, the medication log did not contain the medication, the dosage, the label instructions, the time to be administered and the initials of the person who administered the medication.
- **Vitamin D3 1000unit:** Take one tablet by mouth daily had the incorrect dosage on the medication bottle. The Vitamin D3 over the counter medication was 2000unit, instead of 1000unit as prescribed by the physician.
- **Carbidopa/Levodopa 25/100MG:** Take one and a half tablet by mouth twice daily (7AM, 11AM) was given on 10/09/19 at 11AM, but direct care staff did not initial the medication log.
- **Carbidopa/Levodopa 25/100MG:** Take one table by mouth twice daily (3PM, 7PM) was given on 10/09/19 at 3PM, but direct care staff did not initial the medication log.

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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the on-site inspection on 10/22/19, I reviewed Resident A's medications and medication logs and found the following medication errors:

- **Senna Tab 8.6MG:** Take two tablets by mouth twice daily as needed was given on 09/15/19 at 8AM, but the reason for this as needed medication was not recorded.
- **Alprazolam Tab 0.25MG:** Take one tablet by mouth once daily as needed was given on 09/09/19, but the reason for this as needed medication was not recorded.
- **Pain Reliever Plus-Excedrin:** Take one tablet by mouth every six hours as needed was given on 04/06/19, 04/07/19, and 04/14/19, but the reasons for this as needed medication was not recorded.

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.

During the on-site inspection on 10/22/19, the hot water was not in the safe range of 105° Fahrenheit to 120° Fahrenheit. The hot water in the kitchen was 127.6° Fahrenheit and 124.9° Fahrenheit in bathroom #1.

IV. RECOMMENDATION

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

Frodet Dawisha 10/23/19

Frodet Dawisha
Licensing Consultant

Date