



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 30, 2019

Ronda Kuzmanovich
Adams House Inc.
26900 Franklin Rd.
Southfield, MI 48034

RE: License #: AS630015668
Adams House
4094 Rouge Circle
Troy, MI 48098

Dear Ms. Kuzmanovich:

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 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 blue ink, appearing to be the initials 'EJ'.

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License #:	AS630015668
Licensee Name:	Adams House Inc.
Licensee Address:	26900 Franklin Rd. Southfield, MI 48034
Licensee Telephone #:	(248) 540-1450
Licensee/Licensee Designee:	Ronda Kuzmanovich
Administrator:	Ronda Kuzmanovich
Name of Facility:	Adams House
Facility Address:	4094 Rouge Circle Troy, MI 48098
Facility Telephone #:	(248) 540-1450
Original Issuance Date:	09/06/1994
Capacity:	6
Program Type:	TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/12/2019

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

Date of Health Authority Inspection if applicable: N/A

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 3
No. of others interviewed N/A 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.
- 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 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During my onsite inspection on December 12, 2019, I observed the following medication errors for Resident A:

- Resident A's medication, Acetaminophen 325 MG did not match the Medication Administration Record (MAR). The Medication Administration Record lists the medication as Tylenol Tab 325 MG.
- The label for Resident A's medication, Lorazepam 0.5 MG Tab indicates Resident A is supposed to take one tab by mouth every six hours around the clock. The Medication Administration Record (MARS) states take one tab by mouth every six hours around the clock as needed.
- I also observed that there was not a prescription to change the dosage of the Lorazepam 0.5 MG from every six hours around the clock to every six hours around the clock as needed. The medication was last given on 11/5/19.

R 400.14315	Handling of resident funds and valuables.
	(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

During my onsite inspection on 12/12/19, I observed that Resident A, B and C's forms Funds Part 2, did not contain the required signatures of the resident or the resident's designated representative and the licensee.

IV. RECOMMENDATION

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



Eric Johnson
Licensing Consultant

12/30/19
Date