



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 27, 2020

Jenna Szafran  
Advanced Care AFC Home LLC  
43513 Lotus Dr  
Canton, MI 48188

RE: License #: AS630386128  
**Advanced Care AFC Home LLC**  
**8696 Crosby Lake Rd**  
**Clarkston, MI 48346**

Dear Mr./Ms. Szafran:

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**

<b>License #:</b>	AS630386128
<b>Licensee Name:</b>	Advanced Care AFC Home LLC
<b>Licensee Address:</b>	43513 Lotus Dr Canton, MI 48188
<b>Licensee Telephone #:</b>	(313) 550-7306
<b>Administrator/Licensee Designee:</b>	Jenna Szafran
<b>Name of Facility:</b>	Advanced Care AFC Home LLC
<b>Facility Address:</b>	8696 Crosby Lake Rd Clarkston, MI 48346
<b>Facility Telephone #:</b>	(313) 550-7306
<b>Original Issuance Date:</b>	01/18/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/24/2020

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

Date of Health Authority Inspection if applicable: 07/08/2020

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 6

No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Medication pass observed via virtual inspection due to Covid-19
- 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.  
Meal preparation did not occur during virtual 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:

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(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 virtual inspection on 07/24/2020, direct care staff Rachel Sanner did not have her medical statement signed by a licensed physician at the time of her hire date on 02/13/2019.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(11) A licensee shall contact a resident's physician for instructions as to the care of the resident if the resident requires the care of a physician while living in the home. A licensee shall record, in the resident's record, any instructions for the care of the resident.

During the virtual inspection on 07/24/2020, Resident B did not have physician instructions and contacts recorded in their resident records.

<b>R 400.14305</b>	<b>Resident protection.</b>
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

During the virtual inspection on 07/24/2020, I reviewed the emergency and evacuation procedures for 2019 and 2020. Based on the evacuation time ranging between 10-15 minutes, the residents would not be evacuating safely.

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

During the virtual inspection on 07/24/2020, I reviewed Resident A's and Resident B's medication logs and found the following errors:

- Resident A's **Ealoxifene Tab 60MG Evista**: take one tablet by mouth once daily was given on 01/11/2020, and from 03/30/2020-03/08/2020 at 8PM, but staff did not initial the medication log.
- Resident A's **Losartan POT Tab 50MG Cozaar**: take one tablet by mouth once daily was given on 01/02/2020, 02/28/2020 and 03/03/2020 at 8PM, but staff did not initial the medication log.
- Resident B's **Melatonin Tab 5MG**: take one tablet by mouth at bedtime was given on 05/03/2020 at 8PM, but staff did not initial the medication log.

#### IV. RECOMMENDATION

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

 07/27/2020

Frodet Dawisha  
Licensing Consultant

Date