



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 10, 2021

Monica Bercea
Exclusive Home Care LLC
22215 N. Brandon Street
Farmington Hills, MI 48336

RE: License #: AS630373446
Exclusive Home Care for the Aged
22215 N. Brandon Street
Farmington Hills, MI 48336

Dear Ms. Bercea:

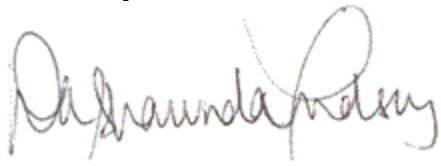
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 black ink, appearing to read "DaShawnda Lindsey". The signature is fluid and cursive, with the first name being the most prominent.

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630373446

Licensee Name: Exclusive Home Care LLC

Licensee Address: 22215 N. Brandon Street
Farmington Hills, MI 48336

Licensee Telephone #: (734) 355-5622

Licensee/Licensee Designee: Monica Bercea

Administrator: Monica Bercea

Name of Facility: Exclusive Home Care for the Aged

Facility Address: 22215 N. Brandon Street
Farmington Hills, MI 48336

Facility Telephone #: (734) 355-5622

Original Issuance Date: 02/15/2017

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/28/2021

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 1
No. of residents interviewed and/or observed 1
No. of others interviewed 1 Role: Licensee designee/admin.

- 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.
The inspection did not have occur during a meal time.
- 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.
There were no incident reports that required a follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Renewal 2019- as203(1), as205(4), as205(5), as205(6), as301(4), as301(9),
as312(4)(b), as312(c), as318(5) and as403(8) 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:	
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.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

There was no verification staff Gheorghe Bereca was fingerprinted through workforce background check.	
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.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
Mr. Bereca was tested for TB in 2021, but the results of the test was not available by the date of this report. There was no verification of a negative test within the last three-year period.	
REPEAT VIOLATION ESTABLISHED. Reference LSR 08/14/2019. CAP 08/14/2019.	
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.
	(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.
There was no verification Ms. Bereca completed an annual health review in the last two years by the date of this report.	
REPEAT VIOLATION ESTABLISHED. Reference LSR 08/14/2019. CAP 08/14/2019.	
R 400.14305	Resident protection.
	(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.

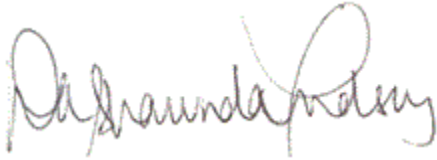
<p>I reviewed fire drills. At least one drill per shift per quarter was completed, but I observed a concern with the time it took the residents to be evacuated from the facility. The evacuation times ranged from eight minutes to 15 minutes. This is a safety concern for the residents.</p>	
R 400.14312	Resident medications.
	<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> <ul style="list-style-type: none"> (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. (vi) A resident's refusal to accept prescribed medication or procedures.
<p>Resident M is prescribed Ergocalciferol 50000 unit weekly at 8am. Per the medication administration record (MAR), she was given the medication daily at 8am. Ms. Bereca stated Resident M was only given the medication on a weekly basis. She mistakenly initially the MAR daily as opposed to just weekly.</p> <p>Resident M was prescribed Pot Chloride 20meq/15ml 1 & ½ teaspoons daily at 8am. In the middle of the month that medication was discontinued, and Resident M was prescribed ½ tab of Microencapsulated potassium chloride 20meg. Staff continued to initial the MAR to show administration of Pot Chloride 20meq/15ml instead of the ½ tab of Microencapsulated potassium chloride. The latter medication was not listed on the MAR.</p> <p>Resident P is prescribed Aspirin 325mg every other day at 8am. Per the MAR, she was given the medication daily at 8am. Ms. Bereca stated Resident P was only given the medication on a weekly basis. She mistakenly initially the MAR daily as opposed to just weekly.</p> <p>Resident P is prescribed Ergocalciferol 50000 unit weekly at 8am. Per the MAR, she was given the medication daily at 8am. Ms. Bereca stated Resident P was only given the medication on a weekly basis. She mistakenly initially the MAR daily as opposed to just weekly.</p> <p>Resident P is prescribed Digoxin 0.125mg every Tuesday, Thursday & Thursday. Per the MAR, she was given the medication daily at 8am. Ms. Bereca stated</p>	

Resident P was only given the medication as prescribed. She mistakenly initially the MAR daily as opposed to just the days it was given.

REPEAT VIOLATION ESTABLISHED.
Reference LSR 08/14/2019. CAP 08/14/2019.

IV. RECOMMENDATION

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



08/10/2021

DaShawnda Lindsey
Licensing Consultant

Date