



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 10, 2021

David Parr II  
34832 Bunker Hill Dr  
FARMINGTON HILLS, MI 48331

RE: License #: AS630403123  
**Pleasant Valley Senior Care**  
**27550 10 Mile Rd**  
**Farmington Hills, MI 48336**

Dear Mr. Parr II:

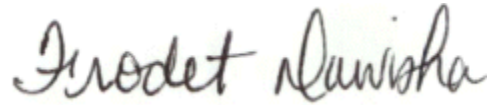
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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, flowing style.

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>	AS630403123
<b>Licensee Name:</b>	David Parr II
<b>Licensee Address:</b>	34832 Bunker Hill Dr FARMINGTON HILLS, MI 48331
<b>Licensee Telephone #:</b>	(248) 496-4211
<b>Administrator/Licensee Designee:</b>	David Parr
<b>Name of Facility:</b>	Pleasant Valley Senior Care
<b>Facility Address:</b>	27550 10 Mile Rd Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(248) 496-4211
<b>Original Issuance Date:</b>	02/11/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/10/2021

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 2

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(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:

<b>MCL 400.734</b>	<b>400.734b. This amended section is effective January 9, 2009, except Section 734b(1)(e)(iv) after the word "or" which will not be effective until October 31, 2010.</b>  <b>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.</b>
	(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.

During the on-site inspection on 08/10/2021, direct care staff (DCS) Uashia Matthews hired on 04/06/2021 and DCS Susan Paptis hired on 05/03/2021 did not have their criminal background checks completed.

<b>R 400.14201</b>	<b>Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.</b>
	(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.

During the on-site inspection on 08/10/2021, DCS Uashia Matthews hired on 04/06/2021 and DCS Susan Paptis hired on 05/03/2021 did not have their criminal background checks completed.

<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	(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: (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.

During the on-site inspection on 08/10/2021, DCS Uashia Matthews and DCS Susan Paptis did not complete their training in first aid, cardiopulmonary resuscitation, personal care, supervision, and protection, safety and fire prevention and prevention and containment of communicable diseases.

<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.
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During the on-site inspection on 08/10/2021, DCS Uashia Matthews hired on 04/06/2021, and DCS Susan Paptis 05/03/2021, did not have a statement signed by their licensed physician attesting to the knowledge of their physical health within 30 days of employment.

<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>
	(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.

During the on-site inspection on 08/10/2021, DCS Uashia Matthews hired on 04/06/2021, and DCS Susan Paptis 05/03/2021, did not have their communicable tuberculosis completed prior to their employment.

<b>R 400.14207</b>	<b>Required personnel policies.</b>
	(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.

During the on-site inspection on 08/10/2021, DCS Uashia Matthews hired on 04/06/2021, and DCS Susan Paptis 05/03/2021, did not have verification of receipt of a job description in their personnel records.

<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	(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 08/10/2021, DCS Uashia Matthews hired on 04/06/2021, and DCS Susan Paptis 05/03/2021, did not have verification of reference checks in their personnel records.

<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 on-site inspection on 08/10/2021, Resident A and Resident B did not have physician contacts or instructions for the care of the residents in their resident records.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

During the on-site inspection on 08/10/2021, Resident A's and Resident B's assessment plan were not signed by Resident A's and Resident B's designated representative.

<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> <ul style="list-style-type: none"> <li>(b) Complete an individual medication log that contains all of the following information: <ul style="list-style-type: none"> <li>(iv) Time to be administered.</li> <li>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</li> </ul> </li> </ul>



During the on-site inspection on 08/10/2021, I reviewed Resident B's medications and medication logs and found the following errors:

- **Sod Chloride TAB 1 MG:** take one tablet by mouth twice a day for hyponatremia was not recorded for the 8PM time on the medication log for 08/2021 and staff passed this medication from 08/01/2021-08/09/2021 but did not initial the medication log.
- **Docusate SOD CAP 100MG:** take one capsule by mouth twice a day for constipation was not recorded for the 8PM time on the medication log for 08/2021 and staff passed this medication from 08/01/2021-08/09/2021 but did not initial the medication log.
- **Trazodone TAB 50MG:** take one tablet by mouth at bedtime for insomnia was given at 8PM from 08/01/2021-08/09/2021, but staff did not initial the medication log.

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the on-site inspection on 08/10/2021, I reviewed the emergency and evacuation procedures and there was no emergency and evacuation procedures conducted for daytime, evening, and sleeping hours fire drills for the second quarter of 2021.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(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 08/10/2021, the hot water temperature for the residents' use was outside the range of 105° - 120° Fahrenheit. The hot water temperature was 126.5° Fahrenheit in the kitchen, 122.5° Fahrenheit in bathroom #1, 122.4° Fahrenheit in bathroom #2 and 126.3° Fahrenheit in bathroom #3.

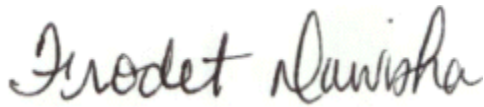
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

During the on-site inspection on 08/11/2021, there was no nonskid surfacing installed in the showers of bathroom #2 and bathroom #3.

A corrective action plan was requested and approved on 08/10/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



08/10/2021

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Frodet Dawisha  
Licensing Consultant

Date