



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 28, 2020

Alexandru Derecichei
Christ LED Care Inc
PO Box 400
New Baltimore, MI 48047

RE: License #: AL500317932
Torrey Pines House of Bread
34720 24 Mile Road
Chesterfield, MI 48047

Dear Mr. Derecichei:

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 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 grey ink, appearing to be 'EJ', is located below the closing 'Sincerely,'.

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 #:	AL500317932
Licensee Name:	Christ LED Care Inc
Licensee Address:	PO Box 400 New Baltimore, MI 48047
Licensee Telephone #:	(248) 470-3797
Licensee/Licensee Designee:	Alexandru Derecichei, Designee
Administrator:	
Name of Facility:	Torrey Pines House of Bread
Facility Address:	34720 24 Mile Road Chesterfield, MI 48047
Facility Telephone #:	(586) 725-6725
Original Issuance Date:	08/16/2013
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/20/2020

Date of Bureau of Fire Services Inspection if applicable: 01/22/20

Date of Health Authority Inspection if applicable: 07/20/2020

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 4
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 400.15205	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 physician's 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 onsite inspection on 10/20/20, I observed that staff Dawn Koach's file did not contain 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 direct care staff.

R 400.15205	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.

During the onsite inspection on 10/20/20, I observed that staff Dawn Koach's TB test was not current at the time of her hire.

R 400.15207	Required personnel policies.
	(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 individuals personnel record.
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During the onsite inspection on 10/20/20, I observed that staff Dawn Koach's file did not contain Verification of receipt of a job description.

R 400.15306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

During the onsite inspection on 10/20/20, I observed that Resident A's assistive device (walker) was not specified in the assessment plan.

R 400.15306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the onsite inspection on 10/20/20, I observed that Resident A did not have an authorized prescription for the use of a toilet chair and shower chair.

R 400.15316	Resident records.
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following: (iii) Former address. (iv) Name, address, and telephone number of the next of kin or the designated representative. (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home. (vi) Name, address, and telephone number of the preferred physician and hospital.

	(viii) Funeral provisions and preferences.
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During my onsite inspection on 10/20/20, I observed that Resident A file did not contain the name, address, and telephone number of the preferred physician and hospital. Resident A's file also did not contain burial provisions.

During my onsite inspection on 10/20/20, I observed that Resident B's file did not the name, address, and telephone number of the person or agency responsible for the resident's placement in the home.

IV. RECOMMENDATION

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



10/28/20

Eric Johnson
Licensing Consultant

Date