



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 15, 2021

Ihsan Asmar  
R & C Homes, Inc.  
4004 Lovett Ct.  
Inkster, MI 48141

RE: License #: AS820393375  
**Forever Care Homes III**  
**14465 Buck St.**  
**Taylor, MI 48180**

Dear Mr. Asmar:

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read "D Walker".

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820393375

**Licensee Name:** R & C Homes, Inc.

**Licensee Address:** 4004 Lovett Ct.  
Inkster, MI 48141

**Licensee Telephone #:** (248) 881-7543

**Licensee/Licensee Designee:** Ihsan Asmar, Designee

**Administrator:**

**Name of Facility:** Forever Care Homes III

**Facility Address:** 14465 Buck St.  
Taylor, MI 48180

**Facility Telephone #:** (734) 442-7063

**Original Issuance Date:** 10/25/2018

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/13/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 4  
No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A full worksheet inspection was completed.
- 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.  
A meal was not prepared and/or observed at the time of 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:  
CAP Dated 11/06/2019 MCL 400.734b (6), R 400.14205 (3), R 400.14205 (5), R  
400.14301 (10), R 400.14301 (4) 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 400.14205**            **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 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.**

At the time of inspection, Direct Care Staff Keith Hicks and Carmen Robinson employee file did not contain a physical within 30 days of hire.

- Keith was hired 8/26/2019 and his physical was dated 1/3/2020.
- Carmen was hired 3/30/2021 and her physical was dated 5/03/2016

**R 400.14312**            **Resident medications.**

**(2) Medication shall be given, taken, or applied pursuant to label instructions.**

At the time of inspection, Resident B's medications were not administered pursuant to label instructions.

- Paroxetine HCL 40mg tablet, take ½ tablet by mouth twice daily (in the morning and at bedtime was not initialed 10/01/2021 through 10/09/2021 or 10/11/2021 through 10/12/2021 at 8:00 p.m.
- Ferrous Sulf tab 325mg, take one tablet by mouth twice daily was not initialed 10/01/2021 through 10/12/2021 at 8:00 p.m.
- Vitamin D 50,000 Caps, take one capsule by mouth once weekly was initialed 10/01/2021 through 10/12/2021.

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(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.

At the time of inspection, emergency and evacuation procedures were not completed during sleeping hours in the 1<sup>st</sup> and 2<sup>nd</sup> quarter of 2021 or evening hours in the 3<sup>rd</sup> quarter of 2021.

**IV. RECOMMENDATION**

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



10/15/2021

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Denasha Walker  
Licensing Consultant

Date