

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 20, 2021

Charlene McNeal Newport Care Center Inc 22977 Newport Southfield, MI 48075

RE: License #: AS630015687

Newport Care Center Inc

22977 Newport

Southfield, MI 48075

Dear Mrs. McNeal:

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.

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

A corrective action plan was requested and approved on 12/20/2021. 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.

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,

Sheena Bowman, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B

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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 #: AS630015687

Licensee Name: Newport Care Center Inc

Licensee Address: 22977 Newport

Southfield, MI 48075

Licensee Telephone #: (248) 415-2500

Licensee/Licensee Designee: Charlene McNeal

Administrator: Artesia Washington

Name of Facility: Newport Care Center Inc

Facility Address: 22977 Newport

Southfield, MI 48075

Facility Telephone #: (248) 353-7818

Original Issuance Date: 01/03/1995

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 12/20/21
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date of Health Authority Inspection if applicable: N/A	
Insp	pection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No.	of staff interviewed and/or observed 2 of residents interviewed and/or observed 2 of others interviewed Role:
•	Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes \square No \square If no, explain. Meal preparation / service observed? Yes \square No \square If no, explain. It was not meal time during the onsite. Fire drills reviewed? Yes \square No \square If no, explain.
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \text{ \subseteq} \) If no, explain. Water temperatures checked? Yes \(\subseteq \text{ No} \subseteq \text{ If no, explain.} \)
•	Incident report follow-up? Yes ⊠ No □ If no, explain.
•	Corrective action plan compliance verified? Yes \boxtimes CAP date/s and rule/s: LSR CAP approved 1203/19; 312(4)(b), 312(4)(c), 310(3), 507(5), 203(1) N/A \boxtimes Number of excluded employees followed-up? N/A \boxtimes
•	Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in non-compliance with the following applicable rules and statutes.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

Resident A's resident care agreement was completed late. Resident A was admitted on 09/16/21 and; his resident care agreement was completed on 10/04/21.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A's physical was more than 90 days old when he was admitted. The physical is dated for 02/09/21 and; he was admitted on 09/16/21.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(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.

Resident A's assessment plan was completed late. The assessment plan was completed on 10/04/21 and; he was admitted on 09/16/21.

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.

There was a missing fire drill during the timeframe of January 2020 through March 2020. There was also a missing fire drill missing during the timeframe of April 2020 through June 2020.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

REPEAT VIOLATION: LICENSING STUDY REPORT CAP APPROVED; 12/03/19

A weight record was missing for March 2021 for Resident B.

R 400.14312 Resident medications.

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

The following medications were not available in the AFC group home in November 2021 for Resident B: Risperidone, Metformin, and Ferrous Sulfate.

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.

(2) A licensee shall have, on file with the department, 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 the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

The administrator does not have a physical for 2021.

R 400.14312 Resident medications.

(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.

Resident A and Resident B are sharing the same prescription bottles for Vitamin C and Zinc.

IV. RECOMMENDATION

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

Sheena Bowman

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Licensing Consultant

12/20/21 Date