

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 3, 2021

Sorin Popa Vicky's Place LLC 31401 W Stonewood Ct Farmington Hills, MI 48334

> RE: License #: AS630403549 Vicky's Place 6674 E Knollwood Cir West Bloomfield, MI 48322

Dear Mr. Popa:

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.

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,

Cindy Berry, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (248) 860-4475

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

I. IDENTIFYING INFORMATION

License #:	AS630403549
Licensee Name:	Vicky's Place LLC
Licensee Address:	6674 E Knollwood Cir West Bloomfield, MI 48322
Licensee Telephone #:	(734) 834-0423
Licensee Designee:	Sorin Popa
Administrator:	Sorin Popa
Name of Facility:	Vicky's Place
Facility Address:	6674 E Knollwood Cir West Bloomfield, MI 48322
Facility Telephone #:	(734) 834-0423
Original Issuance Date:	03/10/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of	f On-site Inspection(s):	09/02/2021
Date of	f Bureau of Fire Services Inspection if applicable:	N/A
Date of	f Health Authority Inspection if applicable:	N/A
Inspect	tion Type: Interview and Observation	⊠ Worksheet _ Full Fire Safety
No. of r	staff interviewed and/or observed residents interviewed and/or observed others interviewed 0 Role: N/A	2 5
• Me	edication pass / simulated pass observed? Yes $oxtimes$ I	No 🗌 If no, explain.
• Me	edication(s) and medication record(s) reviewed? Yes	s 🖂 No 🗌 If no, explain.
Ye	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.	
• Fir	re drills reviewed? Yes 🛛 No 🗌 If no, explain.	
• Fir	re safety equipment and practices observed? Yes $\!$	🛾 No 🗌 If no, explain.
lf r	E-scores reviewed? (Special Certification Only) Yes 🗌 No 🗌 N/A 🔀 If no, explain. Water temperatures checked? Yes 🛛 No 🗌 If no, explain.	
• Inc	● Incident report follow-up? Yes ⊠ No □ If no, explain.	
• Co	orrective action plan compliance verified? Yes 🗌 C. N/A 🖂	AP date/s and rule/s:
• Nu		/A 🖂
• Va	ariances? 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 400.14204 Direct care staff; qualifications and training.

(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.

There were no current First Aid certificates contained in staff members, Susan Yvonne Gordon, and Liliana Albulescu's employee file.

R 400.14204 Direct care staff; qualifications and training.

(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:

(c) Cardiopulmonary resuscitation.

There were no current Cardiopulmonary resuscitation certificates contained in staff members, Susan Yvonne Gordon, and Liliana Albulescu's employee file.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacysupplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required. There were suppositories stored in the refrigerator that were not contained in a locked box.

R 400.14510 Heating equipment generally.

(2) A furnace, water heater, heating appliances, pipes, woodburning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.

There was a crack in the aluminum dryer airduct, and tape was used to secure the crack.

A corrective action plan was requested and approved on 09/02/2021. 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.

09/03/2021

Cindy Berry Licensing Consultant

Date