



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 21, 2021

Carlos Eubanks  
Dual Insight Npc  
93 Adelaide  
Detroit, MI 48202

RE: License #: AL820007537  
**Eubanks Community Living**  
**93 Adelaide**  
**Detroit, MI 48202**

Dear Mr. Eubanks:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

**License #:** AL820007537

**Licensee Name:** Dual Insight Npc

**Licensee Address:** 93 Adelaide  
Detroit, MI 48202

**Licensee Telephone #:** (313) 833-9141

**Licensee/Licensee Designee:** Carlos Eubanks

**Administrator:** Carlos Eubanks

**Name of Facility:** Eubanks Community Living

**Facility Address:** 93 Adelaide  
Detroit, MI 48202

**Facility Telephone #:** (313) 833-9141

**Original Issuance Date:** 02/20/1981

**Capacity:** 17

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/07/2021

Date of Bureau of Fire Services Inspection if applicable: 10/08/2021

Date of Environmental/Health Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Carlos Eubanks

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Full inspection paperwork inspection 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.
- 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 400.15203      Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

At the time of inspection, Licensee Designee/ Administrator failed to participate in, and successfully complete, 16 hours of training and/or complete 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

**REPEAT VIOLATION LSR DATE 06/18/2019 AND CAP DATE 07/11/2019**

**R 400.15204      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:

(e) Resident rights.

At the time of inspection, Staff- William Jackson's employee file reviewed did not contain training in resident rights. Mr. Jackson was hired on 05/10/2021.

**R 400.15208          Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (e) Verification of experience, education, and training.

At the time of inspection, Staff- William Jackson's employee file reviewed did not contain verification of education.

**REPEAT VIOLATION LSR DATE 06/18/2019 AND CAP DATE 07/11/2019**

**R 400.15208          Direct care staff and employee records.**

- (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.

At the time of inspection, Staff- William Jackson's employee file reviewed did not contain verification of reference checks.

**REPEAT VIOLATION LSR DATE 06/18/2019 AND CAP DATE 07/11/2019**

**R 400.15301          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.

At the time of inspection, Residents A and B's records reviewed did not contain a completed health care appraisal on a departmental form. Specifically, Residents A and B only had a consultation form completed by a nurse or physician for 2021 and Residents A and B had a Wayne Center health care form completed by a nurse. It should be noted these forms did not address mobility, dietary restrictions, and recommendations.

**R 400.15301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of inspection, Residents A and B's records reviewed did not contained a signed resident care agreement by the resident and/or resident designated representative for 2020 and 2021.

**REPEAT VIOLATION LSR DATE 06/18/2019 AND CAP DATE 07/11/2019**

**R 400.15310      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.

At the time of inspection, Resident A's record reviewed showed weight records were not completed for December 2020 and January 2021.

**REPEAT VIOLATION LSR DATE 06/18/2019 AND CAP DATE 07/11/2019**

**R 400.15312      Resident medications.**

(4)(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, Resident A's medication administration record was reviewed and showed the following:

- Extra Strength Tylenol to be administered as need has been documented as dispensed six times in January 2021, however, there are sixteen pills missing from the medication bubble packet dated for January 2021. There is no other documentation of dispensing this pill to Resident A in 2021.
- Resident A's September and October 2021 medication administration record was not initialed by staff for the 9:00 p.m. dosage for prescribed Betamethasone 0.5% Face and Scalp cream to be administered twice daily.

At the time of inspection, Resident B's medication administration record was reviewed and showed the following:

- All prescribed medications on September 30, 2021, to be administered at the 8:00 p.m. dosage was not initialed by staff.
- Tegretol 100mg to be administered three times a day was not initialed by staff at the 4:00 p.m. dosage on October 6, 8 and 27, 2021 as well as on October 4, 2021 at the 8:00 a.m. dosage.
- All prescribed medications except Pepcid at the 8:00 a.m. dosage on October 18, 22, 24, 28, and 29, 2021 were not initialed by staff.
- All prescribed medications for October 31, 2021, were not initialed by staff.
- All prescribed medications at the 8:00 p.m. dosage on October 21, 23, 27, 28, and 30 were not initialed by staff.
- Resident B is being administered over the counter Pepcid every twelve hours without a prescription label.
- Seroquel to be administered twice daily was not initialed by staff at the 8:00 a.m. dosage on October 22, 2021, and 8:00 p.m. dosage on October 5, 2021.
- Keppra was to be administered twice daily and was not initialed by staff at the 8:00 p.m. dosage on October 5, 2021.

**REPEAT VIOLATION LSR DATE 06/18/2019 AND CAP DATE 07/11/2019**

**R 400.15313 Resident nutrition.**

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.



At the time of inspection, the licensee designee/ administrator failed to provide a record of menus for one calendar year. Specifically, no October 2021 menus available and January through November 2021 were not a completed month for review.

**R 400.15315 Handling of resident funds and valuables.**

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

At the time of inspection, Residents A and B's records reviewed showed Funds Part II balances to exceed \$200 for over a year. Specifically, Resident A had \$504 cash on hand at the facility and Resident B had \$438 cash on hand at the facility. It should be noted both Residents A and B have separate bank accounts.

**REPEAT VIOLATION LSR DATE 06/18/2019 AND CAP DATE 07/11/2019**

**R 400.15318 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, Licensee Designee failed to practice and maintain a copy of fire drills from August 2020 until December 2020. Also, there was no evening hours fire drill completed for first quarter in 2020 and 2021; no sleeping hours fire drill completed for second quarter in 2020; and no daytime hour fire drill for third quarter in 2021.

**3<sup>rd</sup> REPEAT VIOLATION: LSR 07/17/2017 AND CAP 08/17/2017; LSR DATE 06/18/2019 AND CAP DATE 07/11/2019**

**R 400.15403 Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection, I observed the second-floor urinal to not be operable.

**R 400.15407      Bathrooms.**

(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

At the time of inspection, I observed resident first floor bathroom door to not be equipped with positive latching hardware, specifically the door does not close.

**R 400.15408      Bedrooms generally.**

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

At the time of inspection, I observed back screen door not equipped with nonlocking against egress hardware.

**R 400.15409      Bedroom space; "usable floor space" defined.**

(7) There shall not be less than a 3-foot clearance between beds in a multioccupancy bedroom.

At the time of inspection, I observed Residents A and C's beds were not spaced at least 3 feet apart.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

*Shatonla Daniel*

12/21/2021

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Shatonla Daniel  
Licensing Consultant

Date

Approved by:

*A. Hunter*

12/21/2021

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Ardra Hunter  
Area Manager

Date