



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 20, 2022

Livio Ghita

4127 W. Orchard Hill Dr.

Bloomfield Hills, MI 48304

RE: License #: AF630388362

Orchard Meadows Co.

4127 W. Orchard Hill Dr.

Bloomfield Hills, MI 48304

Dear Mr. Ghita:

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.

A corrective action plan was requested and approved on 01/19/2022. 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.

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. 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 cursive script that reads "Sheena Bowman".

Sheena Bowman, 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 #:	AF630388362
Licensee Name:	Livio Ghita
Licensee Address:	4127 W. Orchard Hill Dr. Bloomfield Hills, MI 48304
Licensee Telephone #:	(248) 574-3242
Licensee/Licensee Designee:	N/A
Administrator:	
Name of Facility:	Orchard Meadows Co.
Facility Address:	4127 W. Orchard Hill Dr. Bloomfield Hills, MI 48304
Facility Telephone #:	(248) 574-3242
Original Issuance Date:	08/03/2017
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/19/22

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

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 3
No. of others interviewed [redacted] 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:
LSR CAP Approved 01/15/20; 407(6), 418(2), 418(5), 416(3) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- 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 400.1422 Resident records.

(1) A licensee shall complete and maintain 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:

(ii) Social security number.

Resident A's social security number was not documented on his identification record.

Rule 400.1407 Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.

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

REPEAT VIOLATION ESTABLISHED: LSR CAP Approved 01/15/20

An annual resident care agreement was not completed for Resident A or Resident B for 2021.

R 400.1405 Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

The TB test results date was not provided for the responsible person, Emilia Todor.

R 400.1405

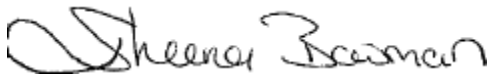
Health of a licensee, responsible person, and member of the household.

(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.

The licensee, Livio Ghita did not complete a physical for 2020 and; his 2021 physical did not indicate whether or not he was physically and/or mentally capable of working at AFC group home. A physical for the responsible person was not provided for 2021.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Sheena Bowman
Licensing Consultant

01/20/22
Date