



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 5, 2022

Solema Ogoy  
4Gems Adult Foster Care LLC  
48440 Montelepre Dr  
Shelby Township, MI 48315

RE: License #: AS500388052  
**4Gems Adult Foster Care**  
**8138 Hedgeway Dr**  
**Shelby Township, MI 48317**

Dear Ms. Ogoy:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500388052
<b>Licensee Name:</b>	4Gems Adult Foster Care LLC
<b>Licensee Address:</b>	48440 Montelepre Dr Shelby Township, MI 48315
<b>Licensee Telephone #:</b>	(586) 819-7573
<b>Licensee/Licensee Designee:</b>	Solema Ogoy
<b>Administrator:</b>	Solema Ogoy
<b>Name of Facility:</b>	4Gems Adult Foster Care
<b>Facility Address:</b>	8138 Hedgeway Dr Shelby Township, MI 48317
<b>Facility Telephone #:</b>	(586) 819-7573
<b>Original Issuance Date:</b>	10/05/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/04/2022

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 2  
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.  
Reviewed medication passing procedures with licensee.
- 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.  
Inspection did not occur during a meal preparation.
- 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 date 06/16/2020- AS310(3) 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:

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</b>
Staff, Ferdie Ogoy, did not have a current TB test. His last TB test was completed in 2017.	
<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<b>(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.</b>
Staff, Ferdie Ogoy, did not have verification of reference checks in employee file.	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(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.</b>

Resident A and Resident B did not have current resident care agreements. Resident A's resident care agreement was last completed on 06/25/2019. Resident B's resident care agreement was last completed on 08/07/2020.	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.
Resident A did not have shower chair and bed rails listed in assessment plan. Resident B did not have hospital bed, bed rails or shower chair listed in assessment plan.	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.
Resident A and Resident B did not have physician authorization in files for use of shower chairs and hospital beds with rails.	
<b>R 400.14310</b>	<b>Resident health care.</b>
	(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.
Resident A did not have weight recorded for March 2022.	
<b>REPEAT VIOLATION ESTABLISHED. LSR dated 06/12/2020, CAP dated 06/16/2020</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (ii) The dosage.
Resident A had 1200 mg fish oil pills, however, the medication log listed 1000 mg fish oil pills.	
<b>R 400.14507</b>	<b>Means of egress generally.</b>
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

During the onsite inspection, I observed that the emergency exit did not have non-locking-against-egress hardware.

#### IV. RECOMMENDATION

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



04/05/2022

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Kristine Cilluffo  
Licensing Consultant

Date