



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 19, 2022

Ruth Mcrae
Daisy Caring Hands Assisted Living, LLC
16231 Inkster Road
Taylor, MI 48180

RE: License #: AS820398771
Daisy Caring Hands Living, LLC
16231 Inkster Rd.
Taylor, MI 48180

Dear Ms. Mcrae:

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 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 black ink, appearing to read "D Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #: AS820398771

Licensee Name: Daisy Caring Hands Assisted Living, LLC

Licensee Address: 16231 Inkster Road
Taylor, MI 48180

Licensee Telephone #: (313) 529-6985

Licensee/Licensee Designee: Ruth Mcrae

Administrator: Ruth Mcrae

Name of Facility: Daisy Caring Hands Living, LLC

Facility Address: 16231 Inkster Rd.
Taylor, MI 48180

Facility Telephone #: (313) 529-6985

Original Issuance Date: 11/15/2019

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/06/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 1
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was 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:
CAP Dated 5/24/2020 R 400.14306 (3), R 400.14318 (5) 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:

MCL 400.734b Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency. If the department of state police or the federal bureau of investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. The adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the individual maintained by the department of state police.

At the time of inspection, direct care staff Kim Gardner's and Adrienne Hellen's employee files did not contain fingerprinting documentation.

Kim Gardner's date of hire was 3/5/2022 and Adrienne Hellen's date of hire was 3/25/2022.

On 5/19/2022, I contacted LARA workforce background check unit to see if they have a record of fingerprints. I was informed that neither applicant has been fingerprinted to work at that license number. There are also no applications in the system at all for either application as well.

R 400.14203 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, the licensee/administrator failed to successfully complete, 16 hours of training or 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.

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.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, I reviewed direct care staff Adrienne Hellen's employee file. The employee file did not contain a statement signed by a licensed physician attesting to the knowledge of her physical health within 30 days of employment or assumption of duties.

Adrienne Hellen's date of hire was 3/25/2022, her medical clearance is dated 5/04/2022. She is currently on the schedule and performing assigned tasks in the home.

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.

(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.

At the time of inspection, I reviewed direct care staff Kim Gardner's and Adrienne Hellen's employee files; neither file contained written evidence, that each direct care staff had been tested for communicable tuberculosis and the results.

Kim Gardner's date of hire was 3/5/2022 and Adrienne Hellen's date of hire was 3/25/2022, both are currently on the schedule and performing assigned tasks in the home.

R 400.14208 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:

- (a) Name, address, telephone number, and social security number.
- (b) The professional or vocational license, certification, or registration number, if applicable.
- (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.
- (d) Verification of the age requirement.
- (e) Verification of experience, education, and training.
- (f) Verification of reference checks.
- (g) Beginning and ending dates of employment.

- (h) Medical information, as required.
- (i) Required verification of the receipt of personnel policies and job descriptions.

At the time of inspection, I reviewed direct care staff Kim Gardner's and Adrienne Hellen's employee files; neither file contained verification of education or reference checks.

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.

At the time of inspection, Residents A, B and C's resident files did not contain annual health care appraisals. Their records were missing the following:

Resident A

- File did not contain a 2022 health care appraisal at the time of admission.

Resident B

- File did not contain a 2020 health care appraisal at the time of admission.
- File did not contain an annual 2021 health care appraisal.

Resident C

- File did not contain an annual 2021 health care appraisal.
- File did not contain an annual 2022 health care appraisal.

As it pertains to Residents A, B and C's health care appraisal, Ms. Mcrae was unable to provide an explanation as to why the health care appraisals were not completed as required.

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.

At the time of inspection, Residents A, B and C's resident files did not contain an assessment plan signed by the resident and/or the resident's designated representative and the licensee designee. Their records were missing the following:

Resident A

- File did not contain a 2022 assessment plan at the time of admission.

Resident B

- File did not contain a 2020 assessment plan at the time of admission.
- File did not contain an annual 2021 assessment plan.

Resident C

- File did not contain an annual 2021 assessment plan.

As it pertains to Resident A's 2022 assessment plan, I observed 2 out of 4 pages, the signature page was not completed. Ms. Mcrae said she for sure completed the document and had it signed but was unable to provide the signature page for review.

As for Resident B, who was admitted 7/30/2020 and discharged 4/25/2022; Ms. Mcrae said she stored the file and was unable to provide the requested documents.

R 400.14301

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, B and C's resident files did not contain a resident care agreement signed by the resident and/or the resident's designated representative and the licensee designee. Their records were missing the following:

Resident A

- File did not contain a 2022 resident care agreement at the time of admission.

Resident B

- File did not contain a 2020 resident care agreement at the time of admission.
- File did not contain an annual 2021 resident care agreement.

Resident C

- File did not contain an annual 2021 resident care agreement.
- File did not contain an annual 2022 resident care agreement.

As it pertains to Resident A's 2022 resident care agreement, I observed 1 out of 2 pages, the signature page was not completed. Ms. Mcrae said she for sure completed the document and had it signed but was unable to provide the signature page for review.

As for Residents B, who was admitted 7/30/2020 and discharged 4/25/2022; Ms. Mcrae said she stored the file and was unable to provide the requested documents.

As for Resident C, Ms. Mcrae said the documents were completed but she was unable to provide the documents for review.

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.

At the time of inspection, Resident C's weight records were not available for review from 2/2020-12/2021.

R 400.14312 Resident medications.

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

At the time of inspection, I observed Mucinex DM 1200mg guaifenesin & 60mg dextromethorphan HBr extended-release bi-layer tablets without a label in Resident A's medication bin.

Ms. Mcrae presented a written script signed a physician, prescribing Mucinex 600mg PO TAB, give 2 tablets by mouth as needed. She stated that the doctor authorized over the counter medication. I explained to her that medication authorized on the written script is not the same as the medication being administered.

R 400.14312

Resident medications.

(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:

(a) Be trained in the proper handling and administration of medication.

(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.

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

At the time of inspection, Residents A, B and C's medication administration records (MARs) were not initialed by the staff who administered medications for Residents A, B and C.

Resident A

● MYBETRIQ 50MG PO TAB, to be administered 1 tablet by mouth once daily. There was a written note to start medication 4/23/2022; the medication was not initialed 4/23/2022-4/30/2022. No explanation provided.

- ASPIRIN 81MG CH TAB LOW DOSE CHEWABLE to be administered 1 tablet by mouth once daily was not initialed 4/24/2022-4/30/2022 at 9:00 a.m. No explanation provided.
- VITAMIN C-1000MG PO TAB, to be administered 1 tablet by mouth once daily was not initialed 4/24/2022-4/30/2022 at 9:00 a.m. No explanation provided.

Resident B

- FOLIC ACID 1MG PO TAB, to be administered 1 tablet by mouth once daily; was not initialed 10/22/2021,10/26/2021,10/29/2021, 01/26/2022, 01/28/2022, 01/29/2022, 01/30/2022, 01/31/2022, 2/27/2022, 2/28/2022 at 9:00 a.m. No explanation provided.
- amLODIPine BESYLATE 10MG PO TAB, NORVASC to be administered 1 tablet by mouth once daily; was not initialed 10/22/2021,10/26/2021,10/29/2021, 1/26/2022, 1/28/2022-1/31/2022, 2/27/2022, 2/28/2022 at 9:00 a.m. No explanation provided.
- MEMANTINE HCL 10MG PO TAB to be administered 1 tablet by mouth every morning; was not initialed 10/22/2021,10/26/2021,10/29/2021, 1/26/2022, 1/28/2022-1/31/2022, 2/27/2022, 2/28/2022 at 9:00 a.m. No explanation provided.
- DONEPEZIL HCL 10MG PO TAB to be administered 1 tablet by mouth at bedtime; was not initialed 1/25/2022-1/27/2022, 1/29/2022-1/31/2022, 2/27/2022, 2/28/2022 at 9:00 p.m. No explanation provided.
- LEXAPRO 5MG, to be administered 1 tablet daily was not initialed 1/26/2022, 1/28/2022-1/31/2022 at 9:00 a.m. No explanation provided.
- IMMUNE SUPPORT VITAMIN C to be administered 1 tablet 4 times daily was not initialed 1/26/2022, 1/28/2022-1/31/2022 at 9:00 a.m.; 1/22/2022, 1/23/2022, 1/25/2022, 1/26/2022, 1/28/2022-1/31/2022 at 12:00 p.m.; 1/25/2022-1/31/2022 at 4:00 p.m.; 1/25/2022-1/31/2022 at 9:00 p.m.

Resident C

- WARFARIN SODIUM 1MG PO TAB, to be administered 1 tablet by mouth once daily (along with 5mg); was not initialed 10/1-10/16/2021, 10/18/2021, 10/19/2021, 10/20/2021,10/22/2021, 10/23/2021, 10/25/2021, 10/26/2021, 10/27/2021, 10/29/2021 without a time of administration and no explanation provided.

- WARFARIN SODIUM 5MG PO TAB, to be administered 1 tablet by mouth once daily (along with 1mg); was not initialed 10/1-10/16/2021, 10/18/2021, 10/19/2021, 10/20/2021,10/22/2021, 10/23/2021, 10/25/2021, 10/26/2021, 10/27/2021, 10/29/2021 without a time of administration and no explanation provided.

- WARFARIN SODIUM 5MG PO TAB, to be administered 1 tablet by mouth once daily (along with 1mg); was not initialed 12/27-12/31/2021 at 9:00 a.m. No explanation provided.

- ATORVASTIN CALCIUM 40MG PO TAB, to be administered 1 tablet by mouth at bedtime; was not initialed 10/1-10/16/2021, 10/18/2021, 10/19/2021, 10/20/2021,10/22/2021, 10/23/2021, 10/25/2021, 10/26/2021, 10/27/2021, 10/29/2021 without a time of administration and no explanation provided.

- MIDODRINE HCL 5MG PO TAB, PROAMATINE, to be administered 1 tablet by mouth once before dialysis and 1 tablet during dialysis for hypotension; was not initialed on 12/2/2021, 12/19/2021, 12/21/2021, 12/23/2021, 12/25/2021, 12/26/2021, 12/28/2021, 12/30/2021 at 9:00 a.m. No explanation provided.

- RENA-VITE PO TAB; to be administered 1 tablet by mouth once daily; was not initialed on 12/18/2021, 12/19/2021, 12/21/202, 12/23/2021, 12/25/2021, 12/26/2021, 12/28/2021, 12/30/2021 at 4:00 p.m. No explanation provided.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Resident C's funds and valuables transaction from 2/2020-12/2021 was not available for review.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, 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:

- (d) Health care information, including all of the following:
 - (i) Health care appraisals.
 - (ii) Medication logs.
 - (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.

- (iv) A record of physician contacts.
- (v) Instructions for emergency care and advanced medical directives.

At the time of inspection, Residents B and C's medication administration records (MARs) were not maintained in the home. The following MARs were not available for review:

Resident B

- 8/2020, 11/2020, 12/2020, 1/2021, 3/2021, 4/2021, 5/2021, 6/2021, 11/2021

Resident C

- 11/2020, 12/2020, 1/2021, 3/2021, 4/2021, 5/2021, 6/2021, 7/2021, 11/2021, 2/2022

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.

At the time of inspection, emergency and evacuation procedures were not completed during daytime, evening, and sleeping hours at least once per quarter.

I observed two fire drills dates 4/11/2022 at 5:00 p.m. and 4/11/2022 at 9:57 p.m. Ms. Mcrae said she was unable to complete fire drills as required during this renewal period due to the pandemic and being short staffed.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 05/18/2020; CAP DATED 05/24/2020.**

R 400.14401 Environmental health.

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

At the time of inspection, caustics, and other dangerous materials were stored underneath the kitchen cabinet and was not safeguarded.

R 400.14402

Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

At the time of inspection, the stand-alone freezer was not equipped with a thermometer.

R 400.14201

Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.

(9) A licensee and the administrator shall possess all of the following qualifications:

(a) Be suitable to meet the physical, emotional, social, and intellectual needs of each resident.

(b) Be capable of appropriately handling emergency situations.

(c) Be capable of assuring program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with the resident's assessment plan and care agreement.

Based on the findings during this inspection, Ms. Mcrae has failed to demonstrate the administrative capabilities to assure program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with the resident's assessment plan and care agreement, evidence by reviewing the resident files. 3 out of 3 resident files were not complete or properly maintained including lack of resident care agreements, assessment plans and health care appraisals. Multiple medication administration records were unavailable for review and the records that were available, were not initialed by the staff who administered.

On 05/06/2022, I completed an exit conference with Ruth Mcrae, Licensee Designee regarding the findings. I explained that based on the quality-of-care violations, I am recommending a provisional license. Mrs. Mcrae said she understood and stated that during this renewal period it was difficult to maintain staff due to the COVID-19 pandemic. She further stated that she experienced a health emergency and during her recovery she had a difficult time regaining the strength to operate the home. I explained to Ms. Mcrae that due to the violations cited in the report, a written corrective action plan is required, and I recommend she appoint an administrator for at least the duration of the provisional license to assist her with the daily functions of the home, in which she agreed.

IV. RECOMMENDATION

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



5/16/2022

Date

Denasha Walker
Licensing Consultant

Approved by:



5/19/2022

Date

Ardra Hunter
Area Manager