



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 30, 2022

Iemelif Julian
1635 Millard Avenue
Madison Heights, MI 48071

RE: License #: AS500389749
Genesis Adult Foster Care Home II
3580 Fox Hill
Sterling Heights, MI 48310

Dear Ms. Julian:

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

License #:	AS500389749
Licensee Name:	Iemelif Julian
Licensee Address:	1635 Millard Avenue Madison Heights, MI 48071
Licensee Telephone #:	(248) 635-7685
Licensee/Licensee Designee:	Iemelif Julian
Administrator:	Iemelif Julian
Name of Facility:	Genesis Adult Foster Care Home II
Facility Address:	3580 Fox Hill Sterling Heights, MI 48310
Facility Telephone #:	(248) 635-7685
Original Issuance Date:	01/04/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/29/2022

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 3

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medication passing procedures with staff.
- 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 07/22/2020- AS205(3)(5), AS207(2), AS301(10), AS306(2), AS310(3),
AS312(4) 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 400.14306	Use of assistive devices.
	(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.
<p>Resident A's toilet chair, shower chair and Hoyer lift were not listed in assessment plan. Resident B's toilet raiser and shower chair were not listed in assessment plan.</p> <p>REPEAT VIOLATION ESTABLISHED. LSR dated 07/22/2020, CAP dated 07/22/2020</p>	
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.
<p>Resident B's weight was not recorded on weight record for February 2022.</p> <p>REPEAT VIOLATION ESTABLISHED. LSR dated 07/22/2020, CAP dated 07/22/2020</p>	
R 400.14312	Resident medications.
	<p>(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 pharmacy-supplied 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.</p>

During the onsite inspection, I observed that insulin was stored in an unlocked location in the refrigerator.	
R 400.14313	Resident nutrition.
	(5) Records of menus, including special diets, as served shall be provided upon request by the department.
The home did not have menu for Resident A's controlled carbohydrate diet.	
R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.
During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature measured 96.6 degrees Fahrenheit in kitchen and 96.4 degrees Fahrenheit in bathroom.	

IV. RECOMMENDATION

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

Kristine Cilluffo

06/30/2022

Kristine Cilluffo
Licensing Consultant

Date