

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 28, 2022

Ellen Angeles Golden Haven Adult Foster Home LLC 52249 Hawthorne Drive Chesterfield, MI 48047

RE: License #: AS500337345 Golden Haven Foster Home Warren 28740 Roan Drive Warren, MI 48093

Dear Ms. Angeles:

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 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,

L. Reed

LaShonda Reed, Licensing Consultant Bureau of Community and Health Systems Cadillac Place, Ste 9-100 Detroit, MI 48202 (586) 676-2877

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

I. IDENTIFYING INFORMATION

License #:	AS500337345
Licensee Name:	Golden Haven Adult Foster Home LLC
Licensee Address:	52249 Hawthorne Drive Chesterfield, MI 48047
Licensee Telephone #:	(586) 354-0787
Licensee/Licensee Designee:	Ellen Angeles
Administrator:	Alexander Angeles
Name of Facility:	Golden Haven Foster Home Warren
Facility Address:	28740 Roan Drive Warren, MI 48093
Facility Telephone #:	(586) 806-0528
Original Issuance Date:	01/08/2014
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	06/24/2022	
Date of Bureau of Fire Services Inspection if ap	plicable: N/A	
Date of Health Authority Inspection if applicable	e: N/A	
Inspection Type: Interview and O	bservation 🛛 Worksheet 🗌 Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed N/A Role: N/A	1 4	
 Medication pass / simulated pass observed l observed medications. Medication(s) and medication record(s) rev 		
 Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain. Meal preparation / service observed? Yes X No I If no, explain. 		
● Fire drills reviewed? Yes ⊠ No □ If no, explain.		
• Fire safety equipment and practices observed? Yes \boxtimes No \square 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? N/A X 		
Number of excluded employees followed-u	p? 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 400.713 License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

> (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

> (e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.

I observed that direct care staff Matthew Angeles did not have evidence of a criminal history check completed in the employee record.

REPEAT VIOLATION ESTABLISHED. Licensing Study Report date 07/07/2020, Corrective Action Plan approved on 07/08/2020.

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.

Direct care staff Mathew Angeles did not have a physician statement attesting to his physical health at hire.

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.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Direct care staff Mathew Angeles did not have an annual health review on file.

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:(f)Verification of reference checks.

Direct care staff Mathew Angeles and Joanne Medianan did not have verification of two reference checks.

R 400.14511 Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

I observed that the heating plant in the basement did not have 3/4 -inch solid core wood door or equivalent.

IV. RECOMMENDATION

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

J. Reed

06/28/2022

LaShonda Reed Licensing Consultant

Date