



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 9, 2022

Besnik Gojka  
5019 Tyler Dr  
Troy, MI 48085

RE: License #: AS630380242  
House Of Angels  
2420 W Square Lake Rd  
Troy, MI 48098

Dear Mr. Gojka:

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 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,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd., Ste. 9-100  
Detroit, MI 48202  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630380242
<b>Licensee Name:</b>	Besnik Gojka
<b>Licensee Address:</b>	5019 Tyler Dr Troy, MI 48085
<b>Licensee Telephone #:</b>	(248) 376-6898
<b>Name of Facility:</b>	House Of Angels
<b>Facility Address:</b>	2420 W Square Lake Rd Troy, MI 48098
<b>Facility Telephone #:</b>	(248) 879-3245
<b>Original Issuance Date:</b>	03/03/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/09/2022

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 6  
No. of others interviewed 1 Role: Licensee

- 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: 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 400.14203</b>	<b>Licensee and administrator training requirements.</b>
	(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.

During the period under review, the licensee, Besnik Gojka, did not complete 16 hours of annual training.

<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>
	(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.

During the period under review, direct care worker, Maria Pop, did not have an annual health review completed in 2021. Direct care worker, Annie Young, did not have an annual health review on file for 2022.

**REPEAT VIOLATION ESTABLISHED:  
 Renewal Licensing Study Report Dated: 09/02/2020; CAP Dated: 09/10/2020**

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

During the period under review, the assessment plan for Resident S was not updated annually (assessment plan dated: 07/04/19).

**REPEAT VIOLATION ESTABLISHED:  
Renewal Licensing Study Report Dated: 09/02/2020; CAP Dated: 09/10/2020**

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</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.

During the period under review, the resident care agreement for Resident S was not updated annually (resident care agreement dated: 07/04/19).

**REPEAT VIOLATION ESTABLISHED:  
Renewal Licensing Study Report Dated: 09/02/2020; CAP Dated: 09/10/2020**

<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.

During the onsite inspection, the assessment plan for Resident S did not specify the use of a walker.

<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.

During the onsite inspection, there was no physician authorization on file for Resident K's wheelchair or Resident S's walker.

<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:

	(iii) Label instructions for use.
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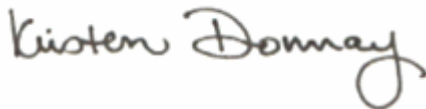
During the onsite inspection, the label instructions for use for Resident S's Gabapentin 100mg stated take 2 capsules by mouth at bedtime. The instructions did not match the medication log, which stated take 1 tablet at bedtime. The licensee indicated that staff follow the instructions on the bottle and Resident S has been receiving the correct dose.

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(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.

During the onsite inspection, Resident K's Funds Part II form was not completed correctly. Resident K moved into the home in March 2022. The Funds Part II form showed payment for February 2022 and an extra payment for March 2022. The licensee indicated he made a documentation error when completing the funds form. Resident K's daughter was present during the inspection and stated that she was not overcharged for Resident K's cost of care.

#### IV. RECOMMENDATION

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



08/09/2022

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Kristen Donnay  
Licensing Consultant

Date