



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 17, 2022

Tatjana Savich  
Novak Assisted Care Corporation  
68453 Stoecker Lane  
Richmond, MI 48062

RE: License #: AL500082088  
**Leisure Manor Residence For Srs**  
**68453 Stoecker Lane**  
**Richmond, MI 48062**

Dear Ms. Savich:

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>	AL500082088
<b>Licensee Name:</b>	Novak Assisted Care Corporation
<b>Licensee Address:</b>	68453 Stoecker Lane Richmond, MI 48062
<b>Licensee Telephone #:</b>	(586) 430-5009
<b>Licensee/Licensee Designee:</b>	Tatjana Savich
<b>Administrator:</b>	Tatjana Savich
<b>Name of Facility:</b>	Leisure Manor Residence For Srs
<b>Facility Address:</b>	68453 Stoecker Lane Richmond, MI 48062
<b>Facility Telephone #:</b>	(586) 430-5009
<b>Original Issuance Date:</b>	01/14/2000
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/15/2022

Date of Bureau of Fire Services Inspection if applicable: 07/11/2022

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 16  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication with home manaer.
- 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.  
Meal preparation not observed during inspection.
- 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:  
09/17/2020- AL205(3), AL301(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:

<b>R 400.15301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(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.</b>
Resident A was admitted to the facility on 06/27/2022. Resident A's health care appraisal was not completed until 07/26/2022.	
<b>R 400.15306</b>	<b>Use of assistive devices.</b>
	<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.</b>
Resident B's use of gait belt and ½ bed rails were not listed in assessment plan.	
<b>R 400.15310</b>	<b>Resident health care.</b>
	<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.</b>
Resident B's weight was not recorded on weight record for May 2022.	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	<b>(5) Records of menus, including special diets, as served shall be provided upon request by the department.</b>

The facility did not have record of menus, as served, for Resident A's diabetic diet.	
<b>R 400.15401</b>	<b>Environmental health.</b>
	(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 water temperature with a digital thermometer. The water temperature in one section of resident bedroom's measured approximately 103 degrees Fahrenheit.	
<b>R 400.15410</b>	<b>Bedroom furnishings.</b>
	(1)(d) At least 1 chair.
During the onsite inspection, I observed that Bedroom #1 did not have a chair.	

#### IV. RECOMMENDATION

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

*Kristine Cilluffo*

08/17/2022

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Kristine Cilluffo  
Licensing Consultant

Date