



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 24, 2022

Janeclare Agbor-Baiyee
Integrated Home Care Agency, INC.
11425 St. Aloysius
Romulus, MI 48174

RE: License #: AS820401918
Integrated Home Care Agency 2
3586 Spring Hill Avenue
Inkster, MI 48141

Dear Mrs. Agbor-Baiyee:

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 (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 #: AS820401918

Licensee Name: Integrated Home Care Agency, INC.

Licensee Address: 11425 St. Aloysius
Romulus, MI 48174

Licensee Telephone #: (734) 635-7044

Licensee/Licensee Designee: Janeclare Agbor-Baiyee

Administrator: Janeclare Agbor-Baiyee

Name of Facility: Integrated Home Care Agency 2

Facility Address: 3586 Spring Hill Avenue
Inkster, MI 48141

Facility Telephone #: (734) 635-7044

Original Issuance Date: 03/10/2020

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/22/2022

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 1
No. of residents interviewed and/or observed 4
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
A fullwork sheet 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 09/10/2020 R400.14306 (3); R 400.14401 (2), R 400.14407 (3),
R 400.14410 (1)(b) 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 400.14301 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, Resident B's resident file did not contain a health care appraisal at the time of admission.

R 400.14306 Use of assistive devices.

(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.

At the time of inspection, I observed a shower chair and commode assist in the resident's bathroom, Janeclare Agbor-Baiyee, licensee designee was unable to provide an authorization for use in writing by a licensed physician.

***REPEAT VIOLATION* LSR DATED 09/10/2020 CAP DATED 09/10/2020.**

R 400.14312 Resident medications.

(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.

At the time of inspection, I observed the following over-the-counter medication, Aspirin 81MG observed for Resident B was administered daily at bedtime without authorization by a licensed physician or dentist. The medication did not contain a label.

R 400.14312 Resident medications.

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

At the time of inspection, Resident A's medications were administered as needed and not pursuant to label instructions:

Trazadone HCL 50MG TABS, take one tablet by mouth nightly. The medication was administered daily in 06/2022 and 05/2022, but not administered at all in 07/2022 or 08/2022.

Ketoconazole Cream 2%, apply topically every morning. The medication was administered in 04/2022; 05/1/2022-05/18/2022; 05/20/2022-05/24/2022; 06/2022 but not administered at all in 07/2022 or 08/2022.

R 400.14407 Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

At the time of inspection, resident bathroom door was not positive-latching.

***REPEAT VIOLATION* LSR DATED 09/10/2020 CAP DATED 09/10/2020.**

IV. RECOMMENDATION

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



08/24/2022

Denasha Walker

Date

Licensing Consultant