

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 27, 2022

Emilia Todor 41364 LLorac Lane NORTHVILLE, MI 48167

RE: License #: AS630409562

Amy's Place Senior Home Care 41346 LLorac Lane

Northville, MI 48167

Dear Ms. Todor:

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,

Stephanie Donzalez

Stephanie Gonzalez, LCSW Adult Foster Care Licensing Consultant Bureau of Community and Health Systems Department of Licensing and Regulatory Affairs Cadillac Place, Ste 9-100

Detroit, MI 48202

Cell: 248-514-9391 Fax: 517-763-0204

gonzalezs3@michigan.gov

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AS630409562

Licensee Name: Emilia Todor

Licensee Address: 41364 LLorac Lane

NORTHVILLE, MI 48167

Licensee Telephone #: (248) 767-1595

Licensee: Emilia Todor

Administrator: Emilia Todor

Name of Facility: Amy's Place Senior Home Care

Facility Address: 41346 LLorac Lane

Northville, MI 48167

Facility Telephone #: (248) 432-1850

Original Issuance Date: 03/25/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGED

ALZHEIMERS

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 09/20/2 | 022 | |
|------|---|-----------|---------------------------------|--|
| Date | e of Bureau of Fire Services Inspection if appl | licable: | N/A | |
| Date | e of Health Authority Inspection if applicable: | | N/A | |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee | e/Admini | 2 3 strator | |
| • | Medication pass / simulated pass observed? | Yes 🛚 | No ☐ If no, explain. | |
| • | Medication(s) and medication record(s) revie | wed? Y | es ⊠ No □ If no, explain. | |
| • | Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain. | | | |
| • | Fire drills reviewed? Yes ⊠ No ☐ If no, ex | xplain. | | |
| • | Fire safety equipment and practices observe | d? Yes | ⊠ No □ If no, explain. | |
| • | E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [| • , | | |
| • | Incident report follow-up? Yes ⊠ No ☐ If | no, expla | ain. | |
| • | Corrective action plan compliance verified? N/A Number of excluded employees followed-up? | | CAP date/s and rule/s: 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 400.734b

Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (a) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

A Workforce Background Check/Fingerprint Check was not available for review for direct care staff, Jessica Grasl, Rebessa O'Hean and Joshua Shirbu.

R 400.14204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
 - (a) Reporting requirements.
 - (b) First aid.
 - (c) Cardiopulmonary resuscitation.
 - (d) Personal care, supervision, and protection.
 - (e) Resident rights.
 - (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

Safety and fire prevention and resident rights trainings were not available for review at the time of the onsite inspection for direct care staff, Jessica Grasl, Rebessa O'Hean and Joshua Shirbu.

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.

Verification of reference checks were not available for review at the time of the onsite inspection for direct care staff, Jessica Grasl, Rebessa O'Hean and Joshua Shirbu.

R 400.14208 Direct care staff and employee records.

- (3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:
- (a) Names of all staff on duty and those volunteers who are under the direction of the licensee.
 - (b) Job titles.
 - (c) Hours or shifts worked.
 - (d) Date of schedule.
 - (e) Any scheduling changes.

A current staff schedule was not available for review at the time of the onsite inspection.

IV. RECOMMENDATION

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

| Stephanie Donzalez | 9/27/2022 | |
|----------------------|-----------|----------|
| Stephanie Gonzalez | | Date |
| Licensing Consultant | | |