



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 10, 2022

Cajetan Kimfon
Special Care Homes L.L.C
1632 Ashby Street
Westland, MI 48186

RE: License #: AS820402241
Ashby A.F.C
1632 Ashby Street
Westland, MI 48186

Dear Mr. Kimfon:

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.

A six-month provisional license is recommended. **If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document.** If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,



K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820402241

Licensee Name: Special Care Homes L.L.C

Licensee Address: 1632 Ashby Street
Westland, MI 48186

Licensee Telephone #: (313) 960-0934

Licensee/Licensee Designee: Cajetan Kimfon, Designee

Administrator: Cajetan Kimfon

Name of Facility: Ashby A.F.C

Facility Address: 1632 Ashby Street
Westland, MI 48186

Facility Telephone #: (734) 589-8891

Original Issuance Date: 04/08/2020

Capacity: 6

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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/05/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 02

No. of others interviewed 01 Role: licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Due to the Covid-19 pandemic, face-to-face contact was limited to mitigate risks.
- 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:

R 330.1803

Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

No evacuation assessments completed for Resident A, C, E, or F.

Mr. Kimfon reported the Home Manager has been responsible for completing E-scores. Mr. Kimfon stated he could not find these E-scores upon request.

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.

Direct care worker, Theresia Make was hired on 9/16/22 per Mr. Kimfon. Ms. Make does not have verification of training in Personal care, supervision, and protection, Reporting requirements, CPR or First Aid.

Direct care worker, Sonia Luh was hired on 9/20/22 per Mr. Kimfon. Ms. Luh does not have verification of training in Personal care, supervision, and protection.

Mr. Kimfon did not offer an explanation why the workers were not fully trained.

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 worker, Bah Leghu was hired on 5/14/22 per Mr. Kimfon. Mr. Leghu's physician statement is dated 10/3/22 (2 days before the inspection) which is well beyond the 30-day requirement.

Mr. Kimfon did not offer an explanation why the exam was completed late.

R 400.14207 Required personnel policies.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

3 of 3 (Ms. Make, Ms. Luh, and Mr. Leghu) employee records lack reference checks.

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:

(g) Beginning and ending dates of employment.

Employee records do not provide clear and concise (written) beginning dates of employment.

Mr. Kimfon directed me to use the date each employee signed the job description as effective start dates.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(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.

Mr. Kimfon did not complete AFC assessment plans for Resident A and B. I observed an assessment plan in Resident A's record that lacked identifying information, including the resident's name and date of birth.

Per Mr. Kimfon, the assessment with no name was misfiled. According to Mr. Kimfon, the assessment belonged to Resident B; however, the report is dated 8/16/22. Resident B was not placed in the home until 9/16/22. Mr. Kimfon provided no explanation regarding this discrepancy. Once he became aware of the date the plan was completed, he appeared less confident the assessment plan belonged to Resident B as originally stated.

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

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

Mr. Kimfon failed to complete a Resident Care Agreement for Resident B. She had no care agreement on file.

Mr. Kimfon simply stated he could not locate a copy in her file.

R 400.14310 Resident health care.

(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.

Mr. Kimfon failed to complete weight records at admission and monthly, thereafter. Specially, Resident A is missing a weight for the month of September and Resident B did not have her weight taken at admission in September. I observed a blank weight record form in Resident B's file.

R 400.14312 Resident medications.

(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:

(a) Be trained in the proper handling and administration of medication.

Direct care workers, Ms. Make and Ms. Luh do not have verification of medication training in their respective employee files. Both workers do administer resident medication according to the most recent Medication Administration Records.

Per Mr. Kimfon, Ms. Make and Ms. Luh have been trained in medication administration. Mr. Kimfon indicated he failed to place a copy of the training certificate in their respective employee files.

R 400.14312 Resident medications.

(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:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

Observed Medication Administration Records (MARs) that do not contain the signature of the person(s) administering resident medication dating back to August 2022. Specifically, Resident A's August and September MARs have blank spots where no one signed daily medication out. Resident B's September MAR is blank. Resident C's August and September's MARs have blank spots where no one signed daily medication out. Resident D's September MAR also has blank spots where no one signed out medications with standing orders. Resident D's September's MAR has blank spots with missing signatures.

Mr. Kimfon showed me where medication is kept stored and locked. I observed resident medication was stored individually in a locked cabinet. Mr. Kimfon assures the department residents get their medication as prescribed. Mr. Kimfon explained Staff forgot to initial the Medication Administration Records, as required.

R 400.14313 Resident nutrition.

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

Observed Week 3 menu on display in the kitchen; however, the rotating menu should have Week 1 on display. I also observed and interviewed the Staff preparing lunch on the day of inspection. The Staff was preparing mac-n-cheese and green beans for lunch, although the residents were scheduled to have tuna fish sandwiches, chips, juice and fruit based on Week 1's menu. Mr. Kimfon explained residents frequently request meals different than what is on the menu. I reviewed the menus; substitute meals are not recorded.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(i) Name.

(ii) Social security number, date of birth, case number, and marital status.

(iii) Former address.

(iv) Name, address, and telephone number of the next of kin or the designated representative.

(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.

(vi) Name, address, and telephone number of the preferred physician and hospital.

(vii) Medical insurance.

(viii) Funeral provisions and preferences.

(ix) Resident's religious preference information.

(b) Date of admission.

(c) Date of discharge and the place to which the resident was discharged.

(d) Health care information, including all of the following:

(i) Health care appraisals.

(ii) Medication logs.

(iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.

(iv) A record of physician contacts.

- (v) Instructions for emergency care and advanced medical directives.
- (e) Resident care agreement.
- (f) Assessment plan.
- (g) Weight record.
- (h) Incident reports and accident records.
- (i) Resident funds and valuables record and resident refund agreement.
- (j) Resident grievances and complaints.

Resident B's Resident ID form is incomplete; there is no physician info, preferred hospital, religious preference, insurance info, or burial provisions documented. In addition, Resident B's date of placement on the ID sheet says she entered the home on 9/15/22; the Resident Register has her placement date recorded as 9/16/22. Therefore, there is a discrepancy with respect to Resident B's date of placement.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

- No fire drills were conducted during the 3rd quarter of 2020.
- No fire drills were conducted during the 2nd and 3rd quarters of 2021.
- No fire drills were conducted during the 1st and 2nd quarters of 2022.

Mr. Kimfon acknowledged he has no record of the drills.

R 400.14402 Food service.

(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.

Observed a rotten garlic clove wrapped in foil inside of the kitchen cabinet where plates are stored.

Mr. Kimfon threw the garlic away after it was discovered.

R 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

Observed 1 of 2 refrigerators (the one in the kitchen) has no thermometer.

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

Observed all (5 of 5) bedroom doors have locking-against-egress hardware installed.

Bedroom #2 has a door that does not close to form a positive latch.

R 400.14410 Bedroom furnishings.

(1) The bedroom furnishings in each bedroom shall include all of the following:

(d) At least 1 chair.

Observed bedroom #4 has no chair.

R 400.14511 Flame-producing equipment; enclosures.

(3) A permanent outside vent that cannot be closed shall be incorporated in the design of heating plant rooms so that adequate air for proper combustion is assured.

Observed the basement has been modified since the issuance of the original license without department knowledge. The furnace is now enclosed. There is no permanent vent leading to the outside to allow proper air flow in accordance with the Rules.

I completed an exit conference with Mr. Kimfon on 10/5/22 and 10/6/22. Mr. Kimfon indicated he is disappointed in the results of the inspection. Mr. Kimfon acknowledged many errors were made. He reported he has implemented new changes in response to the department's findings and recommendation. Mr. Kimfon stated he looks forward to the next inspection, so he can demonstrate compliance with the applicable rules.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



10/7/22

Kara Robinson
Licensing Consultant

Date



10/10/22

Ardra Hunter
Area Manager

Date