STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

November 21, 2022

Silvia Turcas
5864 Seville Circle
Orchard Lake, MI 48324

RE: License #: AF630375493
Emmanuel Community Living House, Inc.
5864 Seville Circle
Orchard Lake, MI 48324

Dear Silvia Turcas:

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 Gonzalez

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

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

I.   IDENTIFYING INFORMATION

License #:	AF630375493
Licensee Name:	Silvia Turcas
Licensee Address:	5864 Seville Circle Orchard Lake, MI 48324
Licensee Telephone #:	(248) 221-7769
Licensee:	Silvia Turcas
Administrator:	N/A
Name of Facility:	Emmanuel Community Living House, Inc.
Facility Address:	5864 Seville Circle Orchard Lake, MI 48324
Facility Telephone #:	(248) 221-7769
Original Issuance Date:	01/05/2016
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):   11/16/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed   2
No. of residents interviewed and/or observed   3
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:
  11/10/2020: af407(8), af407(2), af418(2), af418(4)(b), af405(1), af426(1) 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:

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 (g) 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.

Direct care staff, Stephanie Turcas, has not yet completed the Workforce Background Fingerprinting Check.

IV. RECOMMENDATION

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

Stephanie Gonzalez

11/21/2022

_____
Stephanie Gonzalez   Date
Licensing Consultant