

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 29, 2022

Kasmire Pham A Plus Quality Home Care 21885 South Tuller Court Southfield, MI 48076

#### RE: License #: AS630393263 A Plus Quality Home Care 21885 Tuller Court Southfield, MI 48076

Dear Mrs. Pham:

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,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems Cadillac Place, Ste. 9-100 Detroit, MI 48202 (248) 505-8036

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

#### I. IDENTIFYING INFORMATION

License #:	AS630393263
Licensee Name:	A Plus Quality Home Care
Licensee Address:	21885 South Tuller Court Southfield, MI 48076
Licensee Telephone #:	(248) 938-3386
Licensee/Licensee Designee:	Kasmire Pham
Administrator:	Kasmire Pham
Name of Facility:	A Plus Quality Home Care
Facility Address:	21885 Tuller Court Southfield, MI 48076
Facility Telephone #:	(248) 938-3386
Original Issuance Date:	06/07/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

#### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	11/23/2022	
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 observedNo. of residents interviewed and/or observedNo. of others interviewed1Role:Licensee designed	2 5 ee/admin.	
• Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.		
• Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain.		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.</li> <li>Meal preparation / service observed? Yes No X If no, explain. The inspection did not occur during a meal time.</li> <li>Fire drills reviewed? Yes No I If no, explain.</li> </ul>		
• Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.</li> <li>Water temperatures checked? Yes No If no, explain.</li> </ul>		
<ul> <li>Incident report follow-up? Yes □ No ⊠ If no, explain. There were no incident reports that required a follow-up.</li> <li>Corrective action plan compliance verified? Yes ⊠ CAP date/s and rule/s: N/A □</li> <li>Number of excluded employees followed-up? 1 N/A □</li> </ul>		
● 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 400.14103 Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.

(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.

Licensee designee Kashmire Pham converted her office into a resident's bedroom. She did not notify the department of this change or received prior approval before doing so.

# **REPEAT VIOLATION ESTABLISHED.** Reference LSR 12/02/2020. CAP 12/03/2020.

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.

Staff Jasmine Bura began working in the facility in November 2020. There was no verification that a medical clearance was obtained for her.

# 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.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be

maintained by the home and shall be available for department review.

There was no verification Ms. Bura completed an annual health review in 2021. There was no verification staff Andrew Tran completed any annual health reviews.

# **REPEAT VIOLATION ESTABLISHED.** Reference LSR 12/02/2020. CAP 12/03/2020.

#### R 400.14210 Resident register.

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

- (a) Date of admission.
- (b) Date of discharge.

(c) Place and address to which the resident moved, if known.

There was no resident register. Ms. Pham confirmed a register has not been maintained.

### 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.

There was no verification a fire drill was conducted during first shift in the third quarter of 2022.

# REPEAT VIOLATION ESTABLISHED. Reference LSR 12/02/2020. CAP 12/03/2020.

#### R 400.14401 Environmental health.

(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.

The water temperature in the kitchen and the laundry room was 97.2 degrees Fahrenheit and 94.7 degrees Fahrenheit, respectively.

# **REPEAT VIOLATION ESTABLISHED.** Reference LSR 12/02/2020. CAP 12/03/2020.

#### R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

The shower/bath area in the main bathroom did not contain nonskid surfacing.

#### R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

During the inspection, the door to the heat plant room was open.

#### IV. RECOMMENDATION

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

11/29/2022

DaShawnda Lindsey Licensing Consultant

Date