

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 16, 2022

Marco Santia Santias West LLC 1204 Larch Pl Waterford, MI 48322

RE: License #: AS630405571

Santias West LLC 7370 Cornwall

West Bloomfield, MI 48322

Dear Mr. Santia:

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,

Cindy Berry, Licensing Consultant Bureau of Community and Health Systems

3026 West Grand Blvd Cadillac Place, Ste 9-100

Detroit, MI 48202 (248) 860-4475

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

I. IDENTIFYING INFORMATION

License #: AS630405571

Licensee Name: Santias West LLC

Licensee Address: 7370 Cornwall Ct

West Bloomfield, MI 48322

Licensee Telephone #: (248) 736-4611

Licensee Designee: Marco Santia

Administrator: Lacie Santia

Name of Facility: Santias West LLC

Facility Address: 7370 Cornwall

West Bloomfield, MI 48322

Facility Telephone #: (248) 736-4611

Original Issuance Date: 03/15/2022

Capacity: 6

Program Type: AGED

TRAUMATICALLY BRAIN INJURED

ALZHEIMERS

II. METHODS OF INSPECTION

Dat	e of On-site Inspection(s):	09/13/2022	
Dat	e of Bureau of Fire Services Inspection if applicable:	N/A	
Dat	e 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 designee			
•	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 \(\subseteq \ No \) If no, explain. Meal preparation / service observed? Yes \(\subseteq \ No \subseteq \ If no, explain. There was no meal preparation/service provided at the time the on-site was conducted Fire drills reviewed? Yes \(\subseteq \ No \) If no, explain.		
•	Fire safety equipment and practices observed? Yes \boxtimes No	o ☐ If no, explain.	
•	E-scores reviewed? (Special Certification Only) Yes ☐ Nolf no, explain. Water temperatures checked? Yes ☒ No ☐ If no, explain.	<u> </u>	
•	Incident report follow-up? Yes ☐ No ☒ If no, explain. There were no incident reports to follow-up on. Corrective action plan compliance verified? Yes ☐ CAP of 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.

There was no record clearance contained in staff member Denouse Sira's employee file

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:
 - (b) First aid.

There was no current first aid certificate contained in staff member Augustine Sira's employee file.

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:
 - (c) Cardiopulmonary resuscitation.

There was no current cardiopulmonary resuscitation certificate contained in staff member Augustine Sira's employee file.

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.

There was no written authorization by a licensed physician for bed rails contained in Resident F's resident file.

R 400.14310 Resident health care.

(2) A licensee shall maintain a copy of the annual health care appraisal on file for not less than 2 years.

There was no health care appraisal contained in Resident F's resident 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.

There were no weight records contained in Resident E's resident file.

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.

Resident F's medication was stored in the refrigerator without being contained in a locked box.

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.

There was no signature contained on Resident C's medication log dated 9/14/2022 for the following morning medications (the medication had been administered):

- Docusate Sodium 100 mg
- Clearlax PO Powder 17 gm
- Lidocaine Pain Relief 4% Patch
- Pantoprazole Sodium 40 mg
- Valtrex 500 mg

There was no signature contained on Resident D's medication log dated 9/14/2022 for the following morning medications (the medication had been administered):

- Amlodipine Besylate 10 mg
- Lamotrigine 25 mg
- Quetiapine Fumarate 50 mg
- Senna 8.6 mg

There was no signature contained on Resident F's medication log dated 9/14/2022 for the following morning medications (the medication had been administered):

- Losartan Potassium 25 mg
- Glucophage 500 mg
- Sertraline HCL 50 mg
- Stimulant Laxative 50 mg/8.6 mg
- Tolterodine Tartrate 2 mg

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:
- (c) Record the reason for each administration of medication that is prescribed on an as needed basis.
- There was no reason documented on Resident A's medication log when she was administered Loperamide Hydrochloride 2 mg on 9/1/2022 through 9/14/2022.
- There was no reason documented on Resident E's medication log when he was administered Seroquel Fumarate 25 mg as a PRN.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

Atropine Sulfate 1% and Ativan 0.5 mg were not listed on Resident C's medication log but was contained with her current medications. According to staff, Resident C no longer take these medications.

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 hot water in the kitchen had a reading of 137 degrees Fahrenheit.
- The hot water in the bathroom in the main hallway had a reading of 129 degrees Fahrenheit.
- The hot water in the bathroom located in bedroom #1 had a reading of 126 degrees Fahrenheit.

R 400.14403 Maintenance of premises.

- (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
- There was peeling paint in the dining room ceiling.
- There were missing blinds in the bedroom off the patio.

IV. RECOMMENDATION

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

Oindy Berry Date Licensing Consultant