

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

ORLENE HAWKS DIRECTOR

January 20, 2023

Ruth Poberesky Absolute Care, LLC 5847 Naneva Court West Bloomfield, MI 48322

> RE: License #: AS630394140 Absolute 4 5790 Farmington Rd West Bloomfield, MI 48322

Dear Ms. Poberesky:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

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Sheena Bowman, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342

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

# I. IDENTIFYING INFORMATION

License #:	AS630394140
Licensee Name:	Absolute Care, LLC
Licensee Address:	5847 Naneva Court West Bloomfield, MI 48322
Licensee Telephone #:	(248) 252-6310
Licensee/Licensee Designee:	Ruth Poberesky
Administrator:	Ella Maryakhin
Name of Facility:	Absolute 4
Facility Address:	5790 Farmington Rd West Bloomfield, MI 48322
Facility Telephone #:	(248) 252-6310
Original Issuance Date:	08/23/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED ALZHEIMERS

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/19/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observedNo. of residents interviewed and/or observedNo. of others interviewedRole:

- 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 X If no, explain.
   It was not meal time during the onsite.
- Fire drills reviewed? Yes 🛛 No 🗌 If no, explain.
- Fire safety equipment and practices observed? Yes  $\boxtimes$  No  $\square$  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes  $\boxtimes$  No  $\square$  If no, explain.
- Incident report follow-up? Yes 🛛 No 🗌 If no, explain.
- Corrective action plan compliance verified? Yes ⊠ CAP date/s and rule/s: LSR CAP APPROVED 02/01/21; 310(3) 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 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision
(a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The licensee designee Ruth Poberesky, did not complete the required annual trainings for 2022.

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.

Resident B was admitted on 12/01/22 however; his assessment plan was not signed by the licensee designee until 12/24/22 and the guardian signed on 01/03/23.

# 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.

Resident B was admitted on 12/01/22 however; his resident care agreement was not signed by the licensee designee until 12/24/22 and the guardian signed on 01/03/23.

## R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident B was not administered the following morning medications on 01/19/23:

- Aspirin
- Duloxetine
- Potassium

#### 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.

The hallway closet is not installed properly as it fell apart during the onsite.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.

(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:

(a) Between the sleeping areas and the rest of the home. In homes that have more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.

(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.

The fire extinguisher in the basement has not been certified since 2005.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

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Sheena Bowman Licensing Consultant

01/20/23 Date