



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 22, 2022

Theodore DeVantier  
Macomb Residential Opportunities Inc.  
14 Belleview, Suite #102  
Mt. Clemens, MI 48043

RE: License #: AS500011903  
**Forbes Home**  
**48402 Forbes**  
**New Baltimore, MI 48047**

Dear Mr. DeVantier:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AS500011903   |
| <b>Licensee Name:</b>              | Macomb Residential Opportunities Inc.               |
| <b>Licensee Address:</b>           | Suite #102<br>14 Belleview<br>Mt. Clemens, MI 48043 |
| <b>Licensee Telephone #:</b>       | (586) 469-4480                                      |
| <b>Licensee/Licensee Designee:</b> | Theodore DeVantier                                  |
| <b>Administrator:</b>              | Theodore DeVantier                                  |
| <b>Name of Facility:</b>           | Forbes Home   |
| <b>Facility Address:</b>           | 48402 Forbes<br>New Baltimore, MI 48047             |
| <b>Facility Telephone #:</b>       | (586) 949-1771                                      |
| <b>Original Issuance Date:</b>     | 05/01/1982  |
| <b>Capacity:</b>                   | 6   |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED  |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/20/2022

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with home manager.
- 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.  
Inspection did not occur during a meal preparation.
- 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:  
CAP date 12/17/2020- AS301(2)(a), AS301(2)(c), AS307(2), AS315(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:

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| <b>R 400.14204</b> | <b>Direct care staff; qualifications and training.</b>  |
|                    | <p><b>(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></p> <ul style="list-style-type: none"> <li><b>(b) First aid.</b></li> <li><b>(c) Cardiopulmonary resuscitation.</b></li> </ul> |

Staff, Debbie McWilliams, did not have current CPR/First Aid training. Her certification expired in September 2022.

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| <b>R 400.14205</b> | <b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>   |
|                    | <p><b>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</b></p> |

Staff, Debbie McWilliams, did not have a current TB test. Her last TB test was completed on 09/07/2018.

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| <b>R 400.14301</b> | <b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>  |
|                    | <p><b>(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.</b></p> |

Resident A did not have an assessment plan form completed. Resident A's Individual Plan of Service in file expired on 08/31/2022.

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| <b>R 400.14301</b> | <b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>  |
|                    | (8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record. |

Resident A's resident care agreement dated 05/09/2022 was not signed by licensee or responsible agency.

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| <b>R 400.14310</b> | <b>Resident health care.</b>  |
|                    | (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. |

Resident A's weights were not recorded for April 2022, May 2022 and June 2022. Resident B's weights were not recorded for October 2021, November 2021, December 2021, January 2022, May 2022, June 2022, July 2022, August 2022, September 2022, October 2022 or November 2022.

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| <b>R 400.14312</b> | <b>Resident medications.</b>   |
|                    | <p>(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:</p> <ul style="list-style-type: none"> <li>(a) Be trained in the proper handling and administration of medication.</li> <li>(b) Complete an individual medication log that contains all of the following information: <ul style="list-style-type: none"> <li>(i) The medication.</li> <li>(ii) The dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> <li>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</li> <li>(vi) A resident's refusal to accept prescribed medication or procedures.</li> </ul> </li> </ul> |

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During the onsite inspection, I observed that staff had initialed Resident A's medication log indicating they had administered her Aspirin EC 81 mg tab and Healthy Eyes tablet in November 2022 and December 2022. The medications were not available in the home and staff were unaware why the medications were being initialed and not available. Home Manager stated that Resident A is prescribed eye drops but not a tablet for eyes. Resident A did not have any eye drops listed on medication log.

Staff initials were missing from Resident A's medication logs for the following dates:

- Vitamin D3 2,000 units- 11/03, 11/04
- Metoprolol Succ Er 25 mg- 11/03, 11/04
- Losartan Potassium 50 mg- 11/03, 11/04, 11/26
- Niacin 500 mg tab- 11/03, 11/04, 11/21
- Pravastatin Sodium 40 mg- 11/03, 11/04, 11/21
- Healthy Eyes tablet- 11/03, 11/04, 11/21
- Aspirin EC 81 mg tablet- 11/03, 11/04, 11/21
- Risperidone 1 mg tab- 11/01, 12/01, 12/15

Staff initials were missing from Resident B's medication logs for the following dates:

- Benztropine Mes 1 mg tab- 11/02, 11/03, 11/04
- Loratadine 10 mg tab- 11/02, 11/03, 11/04
- Divalproex Sod Er 500 mg 7am- 11/02, 11/03, 11/04
- Divalproex Sod Er 500 mg 6 pm- 12/01, 12/15, 12/16, 12/18
- Clozapine 100 mg tab 6pm- 12/15, 12/16, 12/18
- Clonidine HCL 0.1 mg tab 4 pm- 12/15, 12/18
- Melatonin 10 mg capsule- 12/15

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| <b>R 400.14313</b> | <b>Resident nutrition.</b>  |
|                    | (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. |

During the onsite inspection, I observed that there were no substitutions on the posted menu. The home manager indicated that substitutions are made to posted menu.

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| <b>R 400.14315</b> | <b>Handling of resident funds and valuables.</b>   |
|                    | (3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department. |

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Resident B's Funds Part 1 form was not completed. The form did not have accounts selected that are managed by the licensee.

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| <b>R 400.14318</b> | <b>Emergency preparedness; evacuation plan; emergency transportation.</b>  |
|                    | (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. |

Evening fire drills were not completed for the 2<sup>nd</sup> and 3<sup>rd</sup> quarters of 2022. Evening fire drills were not completed for the 1<sup>st</sup>, 3<sup>rd</sup> or 4<sup>th</sup> quarters of 2021.

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| <b>R 400.14401</b> | <b>Environmental health.</b>  |
|                    | (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. |

During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature only reached 102 degrees Fahrenheit.

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| <b>R 400.14403</b> | <b>Maintenance of premises.</b>  |
|                    | (12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris. |

During the onsite inspection, I observed broken and uneven concrete in the driveway that presented a trip hazard.

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| <b>R 400.14403</b> | <b>Maintenance of premises.</b>   |
|                    | (2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance. |

During the onsite inspection, I observed the following items needed maintenance:

- The bottom panel on refrigerator was missing.
- Metal plate at bottom of laundry room door was damaged and bent.



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| <b>R 400.14403</b> | <b>Maintenance of premises.</b>  |
|                    | (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair. |

During the onsite inspection, I observed the following items needed maintenance:

- Missing sections of linoleum flooring in laundry room and office.
- Multiple scratches on linoleum flooring in Bedroom #1
- Stained and worn grout on flooring and threshold of Bathroom #1 and Bathroom #2

#### IV. RECOMMENDATION

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



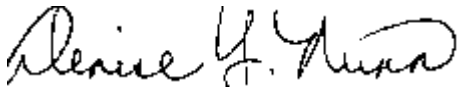
12/22/2022

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Kristine Cilluffo  
Licensing Consultant

Date

Approved by:



12/22/2022

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Denise Y. Nunn  
Area Manager

Date