



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 24, 2023

Javon Brown
38855 Plumbrook Dr.
Farmington Hills, MI 48331

RE: License #: AS630404326
New Beginnings
32999 W 14 Mile Rd.
Farmington Hills, MI 48334

Dear Ms. Brown:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 blue ink, appearing to read "DaShawnda Lindsey".

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 #: | AS630404326 |
| Licensee Name: | Javon Brown |
| Licensee Address: | 32999 W. 14 Mile Farmington Hills, MI 48334 |
| Licensee Telephone #: | (248) 506-5891 |
| Licensee/Licensee Designee: | Javon Brown |
| Administrator: | Yolanda Matt |
| Name of Facility: | New Beginnings |
| Facility Address: | 32999 W 14 Mile Rd. Farmington Hills, MI 48334 |
| Facility Telephone #: | (248) 506-5891 |
| Original Issuance Date: | 01/13/2022 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/01/2023, 01/11/2023 and 11/09/2022

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 2

No. of others interviewed 1 Role: Administrator

- 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.
The inspection did not occur during a meal time.
- 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:
Renewal 2022- asec734(2)(b), as204(3), as205(3), as205(5), as207(3),
as208(1), as210, as301(10), as301(11), as301(4), as301(6), as306(3), as310(3),
as312(1), as312(4), as312(7), as313(4), as316(1), as315(3), as318(5), as401(2),
as401(4), as401(6), as403(2), as403(10), and as506(2) 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. |

Administrator Yolanda Matthews, staff Deandre Leonard, and staff Sophia Steen provides direct care services to the residents. I reviewed all their files. There was no verification a background check was completed for Mr. Leonard and Ms. Steen.

On 02/14/2023, I contacted Department Analyst Katelyn Haskin. She checked the workforce background system and observed that Mr. Leonard was entered into the system on 02/03/2023 but had not yet gotten fingerprinted. An application for Ms. Steen has not been entered into the system.

REPEAT VIOLATION ESTABLISHED

Reference Licensing Study Report (LSR) dated 07/15/2022; CAP dated 07/31/2022.

| | |
|--------------------|--|
| 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: <ul style="list-style-type: none">(a) Reporting requirements.(b) First aid.(c) Cardiopulmonary resuscitation.(d) Personal care, supervision, and protection.(e) Resident rights.(f) Safety and fire prevention.(g) Prevention and containment of communicable diseases. |

There was no verification Mr. Leonard and Ms. Steen completed training in the following areas:

Reporting requirements

Personal care, protection, and supervision

I observed a form that stated Mr. Leonard had temporary CPR certification. There was no verification Mr. Leonard had current First Aid certification.

There was no verification Ms. Steen had current CPR and First Aid certification.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 07/15/2022; CAP dated 07/31/2022.

| | |
|--------------------|---|
| 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. |
|--|--|

There was no verification Mr. Leonard and Ms. Steen had a physical within 30 days of employment.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 07/15/2022; CAP dated 07/31/2022.

| | |
|--------------------|---|
| 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. |
| | (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. |

There was no verification Ms. Steen had a TB test within the last 3-year period.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 07/15/2022; CAP dated 07/31/2022.

| | |
|--------------------|---|
| 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. |

I reviewed all residents' files. Resident A's, Resident B's, Resident D's, and Resident F's assessment plans were not signed and dated by the resident and/or guardian.

REPEAT VIOLATION ESTABLISHED**Reference LSR dated 07/15/2022; CAP dated 07/31/2022.**

| | |
|--------------------|--|
| R 400.14301 | Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. |
| | (9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary. |

Resident A's, Resident D's, and Resident E's resident care agreements were not signed and dated by the resident and/or guardian.

| | |
|--------------------|---|
| 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 was no verification Resident A and Resident F were weighed monthly.

REPEAT VIOLATION ESTABLISHED**Reference LSR dated 07/15/2022; CAP dated 07/31/2022.**

| | |
|--------------------|---|
| 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. |

I reviewed each resident's medication administration records (MARs). I observed the following:

Resident A:

- Staff did not initial the December MAR to show administration of Clozapine 50mg at 8am from 12/03-12/04, 12/10-12/12, 12/17-12/19, 12/24-12/26, 12/28-12/31. There was "X" in the signature spaces from 12/13-12/16, 12/20-12/23 and on 12/27. It is unknown why these spaces were not initialed, and a "X" was documented instead. Staff did not initial the MAR to show administration of Clozapine 200mg at 8pm from 12/02-12/04, 12/09-12/11, 12/16-12/18, 12/23-12/25, and 12/28-12/31. There was "X" in the signature spaces from 12/12-12/15, 12/19-12/22, and 12/26-12/27.
- The November MAR did not have any of medications, dosages, or label instructions listed. Instead, staff initialed the MAR to show administration of "morning meds" at 8:00am and "night meds" at 8:00pm.
- Staff did not initial the November MAR to show administration of Resident A's "morning meds" at 8:00am from 11/05-11/07, 11/12-11/14, 11/19-11/21, and 11/26-11/30. Staff did not initial the MAR to show administration of Resident A's "night meds" at 8:00pm from 11/03-11/06, 11/11-11/13, 11/18-11/20, 11/25-11/30.
- There was not an August, September, or October MAR for Resident A.

Resident B:

- Staff did not initial the February MAR at 8am to show administration of Oxcarbazepine 600mg.
- There was not a July, August, September, or October MAR for Resident B.

Resident C:

- There was not a February MAR for Resident C. However, Mr. Leonard stated staff administered her morning medications to her on 02/01/2023.
- Staff did not initial the January MAR at 8am to show administration of Docusate Sodium 100mg, Fluoxetine Hcl 40mg, and Vitamin D on 01/01. Staff did not initial the MAR at 5pm to show administration of Paliperidone Er 3mg on 01/01. Staff did not initial the MAR at 8pm to show administration of Melatonin 10 on 01/01. Staff initialed the MAR to show administration of all other scheduled medications on 01/01.
- Staff did not initial the December MAR at 5pm to show administration of Paliperidone Er 3mg on 12/15, 12/19, and 12/22. Staff did not initial the MAR at 8pm to show administration of Olanzapine 15mg on 12/15 and 12/22 or Melatonin 5mg on 12/22.
- There was not an October MAR for Resident C.

Resident D:

- Resident D's MARs were initially labeled November, December, and January. However, during the inspection Ms. Matthews relabeled them as July, August, and September, respectively. Resident D discharged from the facility on 10/01. These MARs did not have any of medications, dosages, or label
-

instructions listed. Instead, staff initialed the MAR to show administration of “morning meds” at 8:00am and “night meds” at 8:00pm.

- Staff did not initial the relabeled July MAR at 8pm to show administration of “nights meds” on 07/03.
- Staff did not initial the relabeled September MAR at 8am to show administration of “morning meds” from 09/01-09/02 and 09/10-09/30. Staff did not initial the MAR to show administration of “night meds” on 09/01 and from 09/09-09/30.

Resident E:

- There was no February, December, or November MAR for Resident E. I observed Mr. Leonard creating these documents during the inspection.
- The January MAR did not have any of medications, dosages, or label instructions listed. Instead, staff initialed the MAR to show administration of “morning meds” at 8:00am and “night meds” at 8:00pm.

Resident F:

- There was not a February MAR for Resident F. Mr. Leonard and Ms. Matthews stated Resident F did not receive his morning medications on 02/01/2023 due to the medications not being delivered yet.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 07/15/2022; CAP dated 07/31/2022.

| | |
|--------------------|---|
| R 400.14313 | Resident nutrition. |
| | (6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year. |

The weekly menu was posted on a dry erase board. There was no record of previous menus for the facility.

| | |
|--------------------|--|
| R 400.14315 | Handling of resident funds and valuables. |
| | (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. |

The Resident Funds Part I and Resident Funds Part II forms were not completed for Resident A, Resident D, Resident E, and F. Ms. Matthews stated Resident E made his payment in December 2022, but the form was not completed. I observed Ms. Matthews complete Resident F’s Resident Funds Part II form during the inspection.

The amount she added to the form (\$1,250) differed from the agreed amount (\$2150) listed on the resident care agreement.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 07/15/2022; CAP dated 07/31/2022.

| | |
|--------------------|--|
| R 400.14316 | Resident records. |
| | (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following: (vi) Name, address, and telephone number of the preferred physician and hospital. (vii) Medical insurance. (viii) Funeral provisions and preferences. (ix) Resident's religious preference information. (b) Date of admission. |

Resident A's, Resident D's, Resident E's, and Resident F's information and identification forms were incomplete. There was no insurance information, burial provisions, or date of admission listed on Resident A's form. There was no insurance information, burial provisions, religious preference, preferred hospital, physician information, or date of admission listed on Resident D's form. There was no insurance information, burial provisions, religious preference, or date of admission listed on Resident E's and Resident F's forms.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 07/15/2022; CAP dated 07/31/2022.

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

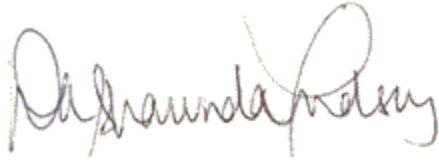
One of the kitchen cabinet's drawers was broken.

REPEAT VIOLATION ESTABLISHED.

Reference LSR dated 07/15/2022; CAP dated 07/31/2022.

IV. RECOMMENDATION

A temporary license was issued on 01/13/2022. A provisional license was issued on 08/03/2022. Refusal to renew the license is recommended.

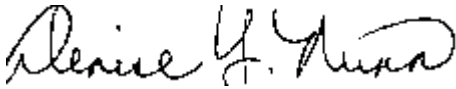


02/14/2023

DaShawnda Lindsey
Licensing Consultant

Date

Approved by:



02/14/2023

Denise Y. Nunn
Area Manager

Date