



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 8, 2023

Ihsan Asmar
R & C Homes, Inc.
4004 Lovett Ct.
Inkster, MI 48141

RE: License #: AS820393375
Investigation #: 2023A0778010
Forever Care Homes III

Dear Mr. Asmar:

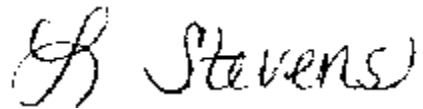
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "LaKeitha Stevens". The signature is written in a cursive, flowing style.

LaKeitha Stevens, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3055

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820393375
Investigation #:	2023A0778010
Complaint Receipt Date:	01/19/2023
Investigation Initiation Date:	01/23/2023
Report Due Date:	03/20/2023
Licensee Name:	R & C Homes, Inc.
Licensee Address:	4004 Lovett Ct. Inkster, MI 48141
Licensee Telephone #:	(248) 881-7543
Administrator:	Ihsan Asmar
Licensee Designee:	Ihsan Asmar, Designee
Name of Facility:	Forever Care Homes III
Facility Address:	14465 Buck St. Taylor, MI 48180
Facility Telephone #:	(734) 442-7063
Original Issuance Date:	10/25/2018
License Status:	REGULAR
Effective Date:	10/25/2021
Expiration Date:	10/24/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Signature of Guardians is not on Resident Care Agreements	No
Resident Funds Part II forms did not accurately indicate the following: Cost of Care, Personal allowance, and Covid/Stimulus Payouts	Yes
Additional Findings	Yes

III. METHODOLOGY

01/19/2023	Special Investigation Intake 2023A0778010
01/20/2023	APS Referral Referral generated.
01/20/2023	Referral - Recipient Rights Referral generated.
01/23/2023	Special Investigation Initiated - On Site
01/26/2023	Contact - Telephone call made. Telephone call to licensee designee. I requested resident information.
01/27/2023	Contact - Telephone call made. Telephone call to Resident A's guardian
01/27/2023	Contact - Telephone call made. Telephone call made to the previous case manager of Resident B
01/27/2023	Contact - Telephone call made. Attempted contact with previous guardian and case manager of Resident C.

02/27/2023	Exit Conference Telephone exit conference with licensee designee
02/27/2023	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: Signature of Guardians is not on Resident Care Agreements

INVESTIGATION: On 01/20/2023, I completed a telephone conference with the complainant and supervisor. According to the complaint resident care agreements changed without guardian signatures. I reviewed multiple years of Resident Care Agreements and observed them to be signed by the guardians and the licensee designee. I completed a telephone call with Resident A's guardian. He indicated he received, signed, and returned the Resident Care Agreements. I attempted to call the guardians of Resident B and C; both of whom are deceased. The contact numbers for the guardians were no longer valid. I spoke with the former case manager of Resident B (prior to his death) and she stated she was never made aware of any financial issues with Resident B and the licensee designee or facility.

APPLICABLE RULE	
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.
ANALYSIS:	I reviewed multiple years of Resident Care Agreements. The agreements were completed and signed by all responsible and required individuals.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident Funds Part II forms did not accurately indicate the following: Cost of Care, Personal allowance, and Covid/Stimulus Payouts.

INVESTIGATION: I observed Resident Funds and Valuables Part II forms. The forms outlined monies received and given to the residents. However, the forms did not have signatures of licensee designee, resident, and resident representative. All signature areas were blank. I made a telephone call to the guardian of Resident A. He stated the licensee designee handled monies for Resident A and he did not receive Part II to sign. When asked about additional monies such as covid relief/stimulus monies he stated those monies were given directly to the agency and used on the resident. He stated the licensee designee did not have access to those monies.

APPLICABLE RULE	
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.
ANALYSIS:	Resident Funds and Valuables Part II forms did not have all required signatures.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: At the time of inspection Residents D- E were the only two residents in the facility. Both Residents D- E require 1:1 staffing and there was only one staff on duty. Staff Rashea Coats was present inside the facility as 1:1 for Resident D. Staff Tracee Martin pulled up behind me upon my arrival. Thus, Resident D was without his 1:1 making the facility in violation of providing care in accordance with his assessment plan.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

ANALYSIS:	The facility was observed to not have sufficient direct care staff. Resident D and E were in the care of staff Rashea Coats. Resident D requires 1:1 staffing. Therefore, the facility lacked proper staffing to provide services.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: At the time of inspection discharged files were not at the facility or available for review. Discharge files were not maintained at the facility for 2 years following discharge of a resident.

APPLICABLE RULE	
R 400.14316	Resident records.
	(2) Resident records shall be kept on file in the home for 2 years after the date of a resident's discharge from a home.
ANALYSIS:	Discharge files were not maintained at the facility for 2 years.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: During my onsite inspection I observed the facility front entrance and wheelchair ramp to be covered with snow. Staff Rashea Coats stated the facility did not have a shovel, but one was requested and should arrive soon.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris.
ANALYSIS:	At the time of inspection snow was not removed from the front entrance and wheelchair ramp of the facility.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon submission of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

L Stevens

03/08/2023

LaKeitha Stevens
Licensing Consultant

Date

Approved By:

A. Hunter

03/08/2023

Ardra Hunter
Area Manager

Date