



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 20, 2023

Angelyth Marino
HSC Macomb II, LLC
48675 Lafayette Drive
Macomb Twp., MI 48044

RE: License #: AS500404914
Hearthstone Communities Macomb II
48675 Lafayette Drive
Macomb Twp, MI 48044

Dear Ms. Marino:

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.

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,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License #: AS500404914

Licensee Name: HSC Macomb II, LLC

Licensee Address: 48675 Lafayette Drive
Macomb Twp., MI 48044

Licensee Telephone #: (586) 276-5993

Licensee/Licensee Designee: Angelyth Marino

Administrator: Leonardo Marino-Ochoa

Name of Facility: Hearthstone Communities Macomb II

Facility Address: 48675 Lafayette Drive
Macomb Twp, MI 48044

Facility Telephone #: (586) 276-5993

Original Issuance Date: 09/11/2020

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/17/2023

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

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed N/A Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
I observed medications.
- 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.
- 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:
R 330.1803 (3); R 400.1431 (1)(b) ; R 400.14312 (4)(b) (iv)(v) 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 400.14310 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.

I observed that Resident B has not been weighed since admission date 12/27/2021.

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:

(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.

I observed that the following medications were administered but not initialed on the medication administration record for Resident A:

- Isosorbide Mononite ER 30mg was not initiated on 02/17/2023 for the morning medication.
- Venlafaxine HCC ER 75 mg on 06/16/2021 during the evening.

REPEAT VIOLATION ESTABLISHED. LSR February 22, 2021, and CAP 03/02/2021.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

L. Reed

02/20/2023

LaShonda Reed
Licensing Consultant

Date