



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 21, 2023

Janet McCarver
Creative Images Inc
PO Box 253
Southfield, MI 48037

RE: License #: AS820069454
Fargo Home
19974 Merriman
Livonia, MI 48152

Dear Ms. McCarver:

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 or home for the aged authorized representative 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 (313) 456-0380.

Sincerely,



K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820069454

Licensee Name: Creative Images Inc

Licensee Address: 28125 7 Mile Rd
Livonia, MI 48152

Licensee Telephone #: (313) 527-1098

Licensee/Licensee Designee: Janet McCarver, Designee

Administrator: Diana Appleton

Name of Facility: Fargo Home

Facility Address: 19974 Merriman
Livonia, MI 48152

Facility Telephone #: (248) 426-7099

Original Issuance Date: 08/27/1996

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/19/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 05

No. of others interviewed 01 Role: Program Director

- Medication pass / simulated pass observed? Yes No If no, explain.
Meds passed prior to my arrival.
- 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.
Breakfast served prior to my arrival.
- 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:
301(8), 301(9), 318(5), 403(1), and 511(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:

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident R.C. was placed at the home on 4/22/22; his health care appraisal is dated 9/19/22 which is beyond the 30-day rule requirement.

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.**

Observed Medication Administration Records that do not contain the signature of the person(s) administering resident medication. These medication errors were observed during the following months: 11/22, 12/22, 2/23, and 3/23.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(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.

No SLEEP drill completed during the 3rd quarter of 2021 and no DAY drill in the 4th quarter of 2021.

No SLEEP drill completed during the 1st quarter of 2022 and no EVENING drill in the 2nd quarter of 2022.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 5/14/21. The licensee submitted a plan of correction on 5/19/21 with action steps to achieve compliance, however noncompliance remains.

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

Observed fire door does not close to form a positive latch.

Program Director reported the door had been repaired, but it has since started closing without latching once again.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 5/14/21. The licensee submitted a plan of correction on 5/19/21 with action steps to achieve compliance, however noncompliance remains

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



04/21/23

Kara Robinson
Licensing Consultant

Date