



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 15, 2023

Lisa Rice
Coventry Home, LLC
14901 Coventry
Southgate, MI 48195

RE: License #: AM820393308
Coventry Home
14901 Coventry Drive
Southgate, MI 48195

Dear Ms. Rice:

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,

A handwritten signature in blue ink that reads "Pandora Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AM820393308

Licensee Name: Coventry Home, LLC

Licensee Address: 14901 Coventry
Southgate, MI 48195

Licensee Telephone #: (248) 762-4668

Licensee/Licensee Designee: Lisa Rice

Administrator: Lisa Rice

Name of Facility: Coventry Home

Facility Address: 14901 Coventry Drive
Southgate, MI 48195

Facility Telephone #: (833) 811-7197

Original Issuance Date: 12/07/2018

Capacity: 11

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/12/2023

Date of Bureau of Fire Services Inspection if applicable: 05/05/2023

Date of Health Authority Inspection if applicable: 05/12/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 9

No. of others interviewed [redacted] Role: [redacted]

- 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.
Residents had eaten prior to inspection.
- 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 dated 05/21/21 Rules 205 (5) 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 determined to be in substantial compliance with rules and requirements.

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.

At the time of inspection, staff Patricia Petty's employee record was reviewed. Ms. Petty was hired 06/06/22 but was not fingerprinted until 06/25/22.

R 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

At the time of inspection, licensee designee, Lisa Rice failed to complete the 16 annual training hours, or 6 credit hours relevant to the homes admission policy and program statement.

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.

At the time of inspection, staff Michelle McFarland and Alivia Salsbury did not have a physical completed within 30 days of hire. Michelle McFarland was hired 05/03/21 and Ms. Salsbury was hired 03/04/23.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(e)Verification of experience, education, and training.

At the time of inspection, I observed the following;

- 6 of 9 employee records reviewed did not contain resident rights training for AFC Group Homes. The training contained in the records were for a family home.
- 9 of 9 employee records reviewed did not contain Alzheimer's training, which is one of the populations that the home is licensed for. The employee records contained Dementia training. Further, that training was not scored, dated or signed by the person who administered the training/testing.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f)Verification of reference checks.

At the time of inspection, staff Michelle McFarland's employee record did not contain reference checks.

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.

At the time of inspection, I observed the following;

- Resident A's health care appraisal was not completed on the required state form.
- Resident B did not have an annual health care appraisal completed for 2022 and 2023. The appraisal should have been completed on or before 03/04 of both years.
- Resident C did not dot have an annual health care appraisal for 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.

At the time of admission, I observed the following:

- Resident B did not have an annual written assessment plan completed for 2022 and 2023. The assessment plans should have been completed on or before 05/03 of each year.
- Resident C did not have an annual written assessment plan for 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.

At the time of inspection, I observed the following;

- Resident B did not have a completed written care agreement for 2022 and 2023. The care agreement should have been completed on or before 05/03 of each year.
- Resident C did not have a written annual care agreement for 2022.

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

At the time of inspection, Residents A and B records did not contain a signed physician order for their therapeutic supports that they are currently using.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

At the time of inspection, I observed the following:

- Resident B's Hydralazine 25mg tablet label documents that she should take one tablet by mouth twice per day. Staff are only administering the medication once per day.
- Resident B's Buspirone HCL 5mg label documents that she should take one tablet twice per day. To date staff have not administered the medication for the month of May and during the month of April 2023 the medication was administered daily at 8:00 p.m.

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.

At the time of inspection, I observed the following;

- Resident B's medication administration record (MAR) did not contain the same label instructions for use as the medication label on the bottle. The label on Resident B's Hydralazine 25mg tablet instructs that one tablet should be given twice per day. The MAR documents take one tablet once per day.
- Resident B's Buspirone HCL 5mg tablet label documents to give one tablet twice per day. The MAR lists the medication to be given as needed (PRN) and staff have not been administering the medication.
- I also observed that staff had administered Resident B's 8:00 a.m. medications, but failed to enter her initials at the time she administered the medications.

R 400.14405 Living space.

(8) A home shall have dining space that can accommodate all residents of the home at the same time.

At the time of inspection, I observed that there was not enough dining space and chairs to accommodate all of the residents at the same time.

IV. RECOMMENDATION

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



Pandrea Robinson
Licensing Consultant

05/15/23
Date