



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 16, 2023

Shahita Garrett
New Beginning Assisted Living, LLC
722 Gladstone
Detroit, MI 48202

RE: License #: AS820283655
Chandler Residence Assisted Living
509 Chandler
Detroit, MI 48202

Dear Mrs. Garrett:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 "K. Robinson". The signature is written in a cursive style with a large, stylized initial "K".

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 #: AS820283655

Licensee Name: New Beginning Assisted Living, LLC

Licensee Address: 722 Gladstone
Detroit, MI 48202

Licensee Telephone #: (313) 204-2455

Licensee/Licensee Designee: Shahita Garrett, Designee

Administrator: Shahita Garrett

Name of Facility: Chandler Residence Assisted Living

Facility Address: 509 Chandler
Detroit, MI 48202

Facility Telephone #: (313) 870-9801

Original Issuance Date: 10/03/2006

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/10/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 04

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Medications passed prior to my 8:30a.m. 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:
5/25/21: 403(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 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.

Direct care worker (DSW), Jenene Simmons was hired to work at the facility on or around 2/1/23; licensee designee, Shahita Garrett, did not complete a background check. Ms. Simmons acknowledged she has not gone for fingerprinting. Additionally, Mrs. Garrett acknowledged she only obtained fingerprint clearances for 1 of 3 employees.

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.

Ms. Simmons has no statement on file from a physician that attests to her health status. Ms. Simmons acknowledged she did not complete a physical exam within 30 days of hire.

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.

Ms. Simmons has no TB results in her employee record.

R 400.14207 Required personnel policies.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

Ms. Simmons does not have verification of receipt of policies and procedures.

R 400.14207 Required personnel policies.

(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individuals personnel record.

Ms. Simmons does not have a signed job description or receipt of receiving a copy of the job description.

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:

- (a) Name, address, telephone number, and social security number.
- (b) The professional or vocational license, certification, or registration number, if applicable.
- (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.
- (d) Verification of the age requirement.
- (e) Verification of experience, education, and training.
- (f) Verification of reference checks.
- (g) Beginning and ending dates of employment.
- (h) Medical information, as required.
- (i) Required verification of the receipt of personnel policies and job descriptions.

Per Mrs. Garrett, she has 3 newly hired direct care workers; however, Mrs. Garrett only made 1 employee record available for department review. According to Mrs. Garrett the other 2 employee records were left at the main office. Those records belong to: DCW Lakeisha Waterford and DCW Egloris Turner. Therefore, I was not able to determine compliance with the rule requirements for all employee records upon request.

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.

Ms. Simmons has no reference checks in her file.

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:
(g) Beginning and ending dates of employment.

There was no start date documented for Ms. Simmons. Ms. Simmons was present on the day of inspection, so Mrs. Garrett asked the employee, "When did you start?" The date provided is a rough estimate of when Ms. Simmons assumed her job duties.

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 A has no health care appraisals in her file. Resident A has resided in the home since 2011.

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.

Upon request, Mrs. Garrett did not furnish Medication Administration Records (MARs) dating back 2 years. Mrs. Garrett reported she was not able to locate the requested documents; therefore, I was not able to determine compliance with the rule requirements. Specifically, I asked to review the MAR for Oct 2021 and Feb 2023, and neither was made available for department review.

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:

(i) Name.

(ii) Social security number, date of birth, case number, and marital status.

(iii) Former address.

(iv) Name, address, and telephone number of the next of kin or the designated representative.

(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.

(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.

(c) Date of discharge and the place to which the resident was discharged.

(d) Health care information, including all of the following:

(i) Health care appraisals.

(ii) Medication logs.

(iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.

(iv) A record of physician contacts.

(v) Instructions for emergency care and advanced medical directives.

- (e) Resident care agreement.
- (f) Assessment plan.
- (g) Weight record.
- (h) Incident reports and accident records.
- (i) Resident funds and valuables record and resident refund agreement.
- (j) Resident grievances and complaints.

Resident A's record is missing a Resident Identification form.

R 400.14407 Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

Observed locking against egress hardware on the door of the 1st floor full bathroom.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

Smoke detector is chirping in Resident B's bedroom. Per Mrs. Garrett, she recently had the batteries replaced, so she is not quite sure why the detector isn't functioning properly.

R 400.14510 Heating equipment generally.

(5) Portable heating units shall not be permitted.

Observed space heaters in 2 separate resident bedrooms.

On 5/10/23, I completed an exit conference with licensee designee, Shahita Garrett. Mrs. Garrett acknowledged resident records and employee records are in noncompliance with the Rule requirements. Mrs. Garrett said some oversights were due to her own negligence. In addition, Mrs. Garrett expressed concern that 3 former direct care staff quit at the same time to sabotage her business. Mrs. Garrett indicated many documents "came up missing" when these employees departed. Mrs. Garrett has since hired new employees, so she's confident compliance will be achieved going forward.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



5/11/23

Kara Robinson
Licensing Consultant

Date



5/11/23

Ardra Hunter
Area Manager

Date