



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 24, 2023

Deidre Wheatley
D & D Senior Living, Inc.
14184 22 Mile Road
Shelby Twp., MI 48315

RE: License #: AM500364162
Shelby Manor 2
14184 22 Mile Road
Shelby Twp., MI 48315

Dear Ms. Wheatley:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AM500364162
Licensee Name:	D & D Senior Living, Inc.
Licensee Address:	14184 22 Mile Road Shelby Twp., MI 48315
Licensee Telephone #:	(586) 405-9623
Licensee/Licensee Designee:	Deidre Wheatley
Administrator:	Deidre Wheatley
Name of Facility:	Shelby Manor 2
Facility Address:	14184 22 Mile Road Shelby Twp., MI 48315
Facility Telephone #:	(586) 532-9461
Original Issuance Date:	12/05/2014
Capacity:	10
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/16/2023

Date of Bureau of Fire Services Inspection if applicable: 02/28/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Licensee Designee

- 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.
- 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 date 05/13/2021- AS203(1), AS205(4), AS205(6), AS306(2), AS310(3)
- 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 400.14204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
<p>Staff, Kaitlyn Franco, did not have verification of training in safety and fire prevention and prevention and containment of communicable diseases in employee file.</p>	
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.
	<p>(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.</p>
<p>Licensee Designee, Deidre Wheatley, did not have verification of a current TB test.</p> <p>REPEAT VIOLATION ESTABLISHED: LSR dated 05/13/2021, CAP dated 05/13/2021.</p>	
R 400.14306	Use of assistive devices.
	<p>(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.</p>

<p>Resident A had physician authorization for use of walker, shower chair and hospital bed. Resident B had physician authorization for use of shower chair, hospital bed, bed rails, bed alarm and grab bars. The assistive devices were not listed in residents' assessment plans.</p> <p>REPEAT VIOLATION ESTABLISHED: LSR dated 05/13/2021, CAP dated 05/13/2021.</p>	
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.
<p>Resident A's weight was not recorded for February 2023. Resident B was admitted on 04/02/2021. Resident B's weight was only recorded on weight record at time of admission.</p> <p>REPEAT VIOLATION ESTABLISHED: LSR dated 05/13/2021, CAP dated 05/13/2021.</p>	
R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following: <ul style="list-style-type: none"> (a) The death of a resident. (b) Any accident or illness that requires hospitalization. (c) Incidents that involve any of the following: <ul style="list-style-type: none"> (ii) Hospitalization.
<p>Resident A was hospitalized on 05/08/2023 and passed away on 05/13/2023. An incident report was not sent to licensing.</p>	
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: <ul style="list-style-type: none"> (a) Be trained in the proper handling and administration of medication.

Staff, Kaitlyn Franco, did not have verification of medication training in employee file.	
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.
A sleep time fire drill was not completed for the first quarter of 2023. An evening fire drill was not completed for the first quarter of 2022.	
R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.
During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be as high as 127.7 degrees Fahrenheit.	

IV. RECOMMENDATION

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

Kristine Cilluffo

05/24/2023

Kristine Cilluffo
Licensing Consultant

Date