



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 16, 2023

Manshealla Alojipan
Bella Senior Care Home LLC
2592 Chanterell
Troy, MI 48083

RE: License #: AS500316277
Bella Senior Care Home LLC
48641 Penrose Lane
Macomb, MI 48044

Dear Ms. Alojipan:

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 #:	AS500316277
Licensee Name:	Bella Senior Care Home LLC
Licensee Address:	48641 Penrose Lane Macomb, MI 48044
Licensee Telephone #:	(248) 703-0985
Licensee/Licensee Designee:	Manshealla Alojipan
Administrator:	Manshealla Alojipan
Name of Facility:	Bella Senior Care Home LLC
Facility Address:	48641 Penrose Lane Macomb, MI 48044
Facility Telephone #:	(248) 703-0985
Original Issuance Date:	12/18/2012
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/13/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medication passing procedures with licensee.
- 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.
Inspection did not occur during a meal preparation.
- 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 06/15/2021- AS310(3), AS318(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:

R 400.14306	Use of assistive devices.
	(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.
Resident A's assessment plan did not list use of cane, toilet raiser and shower chair. Resident B's assessment plan did not list use of toilet raiser and shower chair.	
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.
Resident A did not have physician authorization for use of cane. Resident B did not have physician authorization for use of wheelchair.	

IV. RECOMMENDATION

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

Kristine Cilluffo

06/16/2023

Kristine Cilluffo
Licensing Consultant

Date