



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 13, 2023

Appolonia Okonkwo
Lakeside Manor Inc
8790 Arlington
White Lake, MI 48386

RE: License #: AL630086778
Lakeside Manor Inc
8790 Arlington
White Lake, MI 48386

Dear Mrs. Okonkwo:

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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AL630086778
Licensee Name:	Lakeside Manor Inc
Licensee Address:	8790 Arlington White Lake, MI 48386
Licensee Telephone #:	(248) 666-9010
Licensee/Licensee Designee:	Appolonia Okonkwo
Administrator:	Appolonia Okonkwo
Name of Facility:	Lakeside Manor Inc
Facility Address:	8790 Arlington White Lake, MI 48386
Facility Telephone #:	(248) 666-9010
Original Issuance Date:	11/13/2000
Capacity:	20
Program Type:	MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/27/2023

Date of Bureau of Fire Services Inspection if applicable: 03/27/2023

Date of Health Authority Inspection if applicable: 07/05/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 14

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:
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 400.15205	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 physician's 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.

During my on-site inspection on 06/27/2023, direct care staff Elijah Heller did not have a statement that is signed by a licensed physician within 30 days of their hire date 11/14/2022.

R 400.15208	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.

During the on-site inspection on 06/27/2023, direct care staff Elijah Heller did not have verification of reference checks in their employee file.

R 400.15301	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.

During the on-site inspection on 06/27/2023, Resident A's and Resident B's resident care agreement were not updated to reflect their increase in their cost of care that went into effect in May 2023.

R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the on-site inspection on 06/27/2023, I reviewed Resident A's medications and medication logs and found the following errors:

- **Benzotropine Mes 2MG Tablet:** take one tablet by mouth as needed was being administered daily instead of as needed from 12/01/2022-12/31/2022.
- **Acetaminophen 500MG:** take two tablets by mouth three time daily as needed was given daily at 8AM, 2PM, and 8PM from 09/01/2022-09/30/2022 instead of as needed.

R 400.15312	Resident medications.
	(4)(b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 06/27/2023, I reviewed Resident A's medications and medication logs and found the following errors:

- **Aspirin 81MG Chewable Tab:** chew and swallow one tablet by mouth every day was given at 8AM on 12/30/2022, but staff did not initial the medication log.
- **Atorvastatin 80MG Tablet:** take half tablet my mouth every day was given at 8AM on 12/30/2022, but staff did not initial the medication log.
- **Levothyroxine 100MCG Tab:** take one tablet by mouth every day was given at 2PM on 12/29/2022, but staff did not initial the medication log.
- **Multivitamin Tablet:** take one tablet by mouth every day was given at 8AM on 12/30/2022, but staff did not initial the medication log.
- **Omeprazole Dr 20MG Capsule:** take one capsule by mouth every day with food was given at 8AM on 12/30/2022, but staff did not initial the medication log.
- **Paliperidone Er 6MG Tablet:** take one tablet by mouth every day was given at 8AM on 12/30/2022, but staff did not initial the medication log.
- **Vitamin D3 25MCG Tablet:** take one tablet by mouth every day was given at 8AM on 12/30/2022 but staff did not initial the medication log.

REPEAT VIOLATION ESTABLISHED: SIR 2022A06012002; CAP DATED 07/05/2022

R 400.15312	Resident medications.
	(4)(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

During the on-site inspection on 06/27/2023, I reviewed Resident A's medications and medication logs and found the following errors:

- **Benzotropine Mes 2MG Tablet** was prescribed as needed, but staff modified the prescription to daily as this medication was given twice daily at 8AM and 8PM from 12/01/2022-12/31/2022 without instructions from prescribing physician.
- **Acetaminophen 500MG**: take two tablets by mouth three time daily as needed was modified to daily at 8AM, 2PM, and 8PM from 09/01/2022-09/30/2022 without instructions from prescribing physician.

R 400.15315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the on-site inspection on 06/27/2023, Resident A's cost of care was not recorded on the fund's part II form after the cost of care increased in May 2023.

R 400.15401	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 on-site inspection on 06/27/2023, the hot water temperature was below the range of 105°-120° Fahrenheit in the apartment bathroom as it was only 72° Fahrenheit.

R 400.15403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

During the on-site inspection on 06/27/2023, bedroom #2, bedroom #3 and the apartment bathroom smelled of urine.

REPEAT VIOLATION ESTABLISHED: SIR 2020A0991043; CAP DATED 12/10/2020

R 400.15410	Bedroom furnishings.
	(1)(a) An adequate closet or wardrobe.

During the on-site inspection on 06/27/2023, Bedroom #3 did not have a closet or a wardrobe.

R 400.15410	Bedroom furnishings.
	(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

During the on-site inspection on 06/27/2023, bedroom #3 was not equipped with a mirror.

IV. RECOMMENDATION

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



07/13/2023

Date

Licensing Consultant