



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 19, 2023

Regina Amadi
Platinum Care, Inc.
3129 Golfview Drive
Saline, MI 48176

RE: License #: AS820292741
Investigation #: 2023A0778035
Heartlys TLC

Dear Ms Amadi:

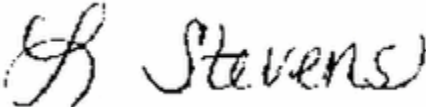
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "L Stevens". The "L" is stylized and cursive, followed by the name "Stevens" in a similar cursive script.

LaKeitha Stevens, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3055

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820292741
Investigation #:	2023A0778035
Complaint Receipt Date:	08/22/2023
Investigation Initiation Date:	08/28/2023
Report Due Date:	10/21/2023
Licensee Name:	Platinum Care, Inc.
Licensee Address:	3129 Golfview Drive Saline, MI 48176
Licensee Telephone #:	(734) 330-3262
Administrator:	Regina Amadi
Licensee Designee:	Regina Amadi
Name of Facility:	Heartlys TLC
Facility Address:	13541 McGuire Taylor, MI 48180
Facility Telephone #:	(248) 941-1140
Original Issuance Date:	10/16/2007
License Status:	REGULAR
Effective Date:	07/18/2023
Expiration Date:	07/17/2025
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Staff are not qualified to work.	Yes
There is a resident that is supposed to receive one-on-one care and does not. There is not enough staff.	Yes

III. METHODOLOGY

08/22/2023	Special Investigation Intake 2023A0778035
08/22/2023	APS Referral Referral received.
08/28/2023	Special Investigation Initiated - On Site Face to face interviews with staff Mercy Eze and Prince Kaum. Residents A-C were nonverbal.
08/28/2023	Referral - Recipient Rights Referral generated.
08/28/2023	Contact - Telephone call received. Telephone call received from Regina Amadi, licensee designee
08/29/2023	Contact - Telephone call made. Telephone call made to licensee designee.
09/14/2023	Contact - Document Received email received from licensee designee.
09/14/2023	Contact - Document Sent email sent to licensee designee.

09/14/2023	Contact - Telephone call made. Telephone call made to case manager.
09/14/2023	Exit Conference Telephone exit with licensee designee
09/18/2023	Contact - Document Received Additional information received
09/19/2023	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: Staff are not qualified to work.

INVESTIGATION: On 08/28/2023, I completed an unannounced onsite inspection. I interviewed two staff who identified themselves as Prince Kaum and Mercy Eze. Prince stated he was staff on duty. Mercy stated she was not on duty and was only at the facility for a brief period to complete paperwork. Residents A-C were in the facility. I was unable to interview them because they are nonverbal. When I inquired about additional staff, I was informed midnight staff had to leave early and the other day staff had not arrived.

On 08/29/2023, I completed a telephone interview with Regina Amadi, licensee designee. I requested a list of all staff for this facility along with their training. background check, health and tb testing. Regina informed me she does not have training verification for Mercy. She also stated Mercy's legal name is Ebele. On 09/14/2023, I received the requested documentation for the remaining staff.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(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: (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection.

	<p>(e) Resident rights.</p> <p>(f) Safety and fire prevention.</p> <p>(g) Prevention and containment of communicable diseases.</p>
ANALYSIS:	Staff Mercy (Ebele) Eze is employed at the facility without documentation of training.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: There is a resident that is supposed to receive one-on-one care and does not. There is not enough staff.

INVESTIGATION: On 08/28/2023, I completed an unannounced onsite inspection. During this inspection Residents A-C were at the facility with one staff on duty. Staff Prince Kaum was the only staff on shift. Resident A requires 1:1 staffing. Thus, the facility did not have sufficient staff.

Per Resident A's individual plan of service, he is noted to have safety concerns. Therefore, he is to receive 1:1 (hand over hand) assistance with all things, including but not limited to eating, cleaning, dressing and remaining safe.

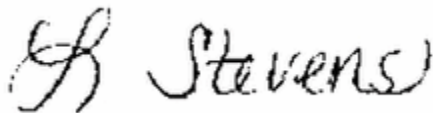
On 09/14/2023, I completed a telephone exit conference with Regina Amadi, licensee designee. She was informed of the violations and the request of a corrective action plan. Regina indicated she has been having issues with staff running late because they also work at various places.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

ANALYSIS:	At the time of inspection, the facility had one staff on shift for three residents. One of the residents should receive continuous 1:1 staffing. Therefore, the facility did not have sufficient staff on duty.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon submission of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



09/19/2023

LaKeitha Stevens
Licensing Consultant

Date

Approved By:



09/19/2023

Ardra Hunter
Area Manager

Date