



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 1, 2023

Erin Gust
Dignitas, Incorporated
PO Box 3460
Farmington Hills, MI 48333

RE: License #: AS630349201
Dignitas Inc./Orchard Lake House 3
24467 Orchard Lake Road
Farmington Hills, MI 48336

Dear Ms. Gust:

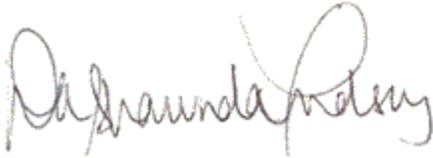
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste. 9-100
Detroit, MI 48202
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630349201

Licensee Name: Dignitas, Incorporated

Licensee Address: 24505 Orchard Lake Road
Farmington Hills, MI 48336

Licensee Telephone #: (248) 442-1170

Licensee/Licensee Designee: Erin Gust

Administrator: Erin Gust

Name of Facility: Dignitas Inc./Orchard Lake House 3

Facility Address: 24467 Orchard Lake Road
Farmington Hills, MI 48336

Facility Telephone #: (248) 442-1170

Original Issuance Date: 03/06/2015

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/28/2023; 08/30/2023

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 2

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: Management

- 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.
The inspection did not occur during a meal time.
- 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.
The residents are temporarily living in another home while repairs are being completed at this facility.
- Incident report follow-up? Yes No If no, explain.
There were no incident reports that needed a follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Renewal 2021- as210(3) N/A
- Number of excluded employees followed-up? 0 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

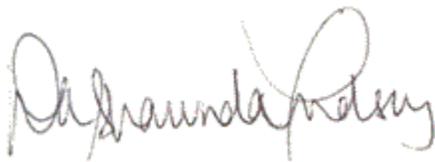
This facility was found to be in non-compliance with the following rules:	
MCL 400.734b	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal 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.

<p>Staff Ambassador Nucheel was fingerprinted under the Orchard Lake House small group home license. Staff Drucilla Foster was fingerprinted under the now closed BerryHill small group home license. There was no verification that these staff were fingerprinted under the Orchard Lake House 3 small group home license.</p>	
<p>R 400.14205</p>	<p>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</p>
	<p>(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.</p>
<p>There was no verification staff Ambassador Nucheel completed an annual review in 2022.</p>	
<p>R 400.14312</p>	<p>Resident medications.</p>
	<p>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</p>
<p>Resident A's Chlorhex Glu Sol 0.12% and Gentamicin Oin 0.1% were in his bedroom as opposed to in a locked cabinet or drawer.</p>	
<p>R 400.14312</p>	<p>Resident medications.</p>
	<p>(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: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>

<p>Staff did not initial Resident A's medication administration record (MAR) to show administration of Aspirin 81mg, Calcium+D3 250-125, Carvedilol 12.5mg, Chlorhex Glu Sol 0.12%, Clonidine 0.1mg, Clopidogrel 75mg, Ferosul 325mg, Hydralazine 50mg, Lamotrigine 100mg, Metformin 500mg, Nifedipine 6mg, Pantoprazole 40mg, Rosuvastatin 40mg, Valsartan 320mg, Vitamin D3 2000IU, and Gentamicin Oin 0.1% at 8am on 08/27/2023.</p> <p>Staff did not initial Resident A's MAR to show administration of Calcium+D3 250-125, Carvedilol 12.5mg, Chlorhex Glu Sol 0.12%, Clonidine 0.1mg, Hydralazine 50mg, Lamotrigine 100mg, Metformin 500mg, and Gentamicin Oin 0.1% at 8pm on 08/27/2023.</p>	
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.
There was no verification that a fire drill was conducted during sleeping hours during the first quarter of 2023.	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
Repairs are being completed in the facility. As a result, the residents are temporarily residing in another home to ensure the health, safety, and well-being of the residents.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended. Once the repairs are completed in the facility, an onsite inspection will be conducted. If there are no concerns, a regular license will be recommended.



09/01/2023

DaShawnda Lindsey
Licensing Consultant

Date

