

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

December 7, 2023

Darin Crite Crites Adult Foster Care Inc P O Box 48087 Oak Park, MI 48237

RE: License #: AM820010092

Crites Afc #3 19735 Evergreen Detroit, MI 48219

Dear Mr. Crite:

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 (313) 456-0380.

Sincerely,

K. Robinson, LMSW, Licensing Consultant Bureau of Community and Health Systems

K. Robinson

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AM820010092

Licensee Name: Crites Adult Foster Care Inc

Licensee Address: P O Box 48087

Oak Park, MI 48237

Licensee Telephone #: (313) 701-9595

Licensee/Licensee Designee: Darin Crite, Designee

Administrator: Darin Crite

Name of Facility: Crites Afc #3

Facility Address: 19735 Evergreen

Detroit, MI 48219

Facility Telephone #: (313) 592-0399

Original Issuance Date: 07/30/1990

Capacity: 11

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	11/30/2023	
Date	e of Bureau of Fire Services Inspection if appl	cable:	
Date of Health Authority Inspection if applicable:			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 01 Role: License	02 10 ee designee	
•	Medication pass / simulated pass observed? Medication passed prior to my arrival. Medication(s) and medication record(s) revie	·	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	plain.	
•	Fire safety equipment and practices observe	d? Yes ⊠ No □ If no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □		
•	Incident report follow-up? Yes No If I	no, explain.	
•	Corrective action plan compliance verified? 12/21: 208(1)(f), 205(3), 205(5), and 301(10) 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 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

No record of E-scored completed within 30 days of admission for: Resident P.T. (placed on 1/19/22) and Resident M.P. (placed on 10/28/22).

R 400.14208 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.

No verification that reference checks were completed on 2 of 2 employee records reviewed.

This is a **REPEAT VIOLATION**; See 2021 Renewal LSR.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's

admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days

after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident physical dated 4/14/23 was not completed on the required department form. Manager said the physical was completed at the resident's mental health agency, so a different form was used.

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:
- (b) Complete an individual medication log that contains all of the following information:
 - (i) The medication.
 - (ii) The dosage.
 - (iii) Label instructions for use.
 - (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

Observed Resident P.T.'s daily Risperidone 3mg tablet was not signed out as having been administered by Staff at 8:00 AM on 2/23/22 through 2/26/23 and again on 2/28/22. No comments included on the Medication Administration Record (MAR) to explain the missed signatures. However, the Med Coordinator assures the department that medication is administered as prescribed because DCWs are required to initial the pharmacy-supplied container (blister packs) used to store resident medication. Med Coordinator reported all blister packs were signed daily. Therefore, the department has determined, the signature of the person(s) administering resident medication was omitted from the MAR in error.

R 400.14315 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.

P.T.'s resident record lacked a complete accounting of resident funds. No record of payments made to the home. Licensee is the resident's Rep Payee. Mr. Crite indicated the Resident Funds II with Cost of Care payments were at the main office.

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.

Water temperature tested at 130 degrees Fahrenheit on the first reading and 127 degrees Fahrenheit on the second reading.

R 400.14401 Environmental health

(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

Observed the kitchen trash can without a lid. Cook said she misplaced it, but she assures the department that one is available inside the home "somewhere".

IV. RECOMMENDATION

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

K. Kobinson	12/7/23
Licensing Consultant	Date