



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 8, 2023

Aida Moussa  
My Doctors Inn  
8384 Metropolitan Parkway  
Sterling Heights, MI 48312

RE: License #: AH500386237  
**My Doctors Inn**  
**8384 Metropolitan Parkway**  
**Sterling Heights, MI 48312**

Dear Ms. Moussa:

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 action plan, a regular license will be issued after fire and safety approval. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 feel free to contact the local office at (517) 284-9730.

Sincerely,

Brender Howard, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street, P.O. Box 30664  
Lansing, MI 48909  
(313) 268-1788

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH500386237
<b>Licensee Name:</b>	MDI Sterling Heights, LLC
<b>Licensee Address:</b>	4000 Town Center Southfield, MI 48075
<b>Licensee Telephone #:</b>	(248) 262-2357
<b>Authorized Representative:</b>	Aida Moussa
<b>Administrator:</b>	Rebecca Holland
<b>Name of Facility:</b>	My Doctors Inn
<b>Facility Address:</b>	8384 Metropolitan Parkway Sterling Heights, MI 48312
<b>Facility Telephone #:</b>	(586) 838-5900
<b>Original Issuance Date:</b>	03/30/2017
<b>Capacity:</b>	101
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/07/2023

Date of Bureau of Fire Services Inspection if applicable: 5/17/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/08/2023

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 47  
No. of others interviewed 2 Role Residents' family members

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. No funds kept for the residents.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain. Interviewed staff on the policy and procedures.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 6/29/2022 2022A1019052 20201 (2) e, 1924 (1)
- Number of excluded employees followed up? 3 N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:	
<b>R 325.1932</b>	<b>Resident's medications.</b>
	<p><b>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:</b></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p><b>(iii) The initials of the individual who administered the prescribed medication.</b></p>
The medication logs did not always contain the initials of individuals who administered the medication.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>
The refrigerator in the kitchen had containers of ranch dressing, salsa and garden salad dressing with no open date. Refrigerator in the memory care unit was not clean on the inside.	

**IV. RECOMMENDATION**

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

*Brenden D. Howard*

12/08/2023

\_\_\_\_\_  
Licensing Consultant Date