



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 24, 2024
Livio Ghita
4127 W. Orchard Hill Dr.
Bloomfield Hills, MI 48304

RE: License #: AF630388362

**Orchard Meadows Co.
4127 W. Orchard Hill Dr.
Bloomfield Hills, MI 48304**

Dear Mr. Ghita:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 "Sheena Worthy".

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License#: AF630388362

Licensee Name: Livio Ghita

Licensee Address: 4127 W. Orchard Hill Dr.
Bloomfield Hills, MI 48304

Licensee Telephone #: (248) 574-3242

Licensee/Licensee Designee: N/A

Administrator:

Name of Facility: Orchard Meadows Co.

Facility Address: 4127 W. Orchard Hill Dr.
Bloomfield Hills, MI 48304

Facility Telephone #: (248) 574-3242

Original Issuance Date: 08/03/2017

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/24/2024

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 1

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] Role: [redacted]

- 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.
It was not meal time during the onsite.
- 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:
LSR CAP Approved 01/19/22; 422(1)(a), 407(6), 405(3), 405(2)
- LSR CAP Approved 01/15/20; 407(6), 418(2), 418(5), 416(3), 426(9) 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 400.1405 **Health of a licensee, responsible person, and member of the household.**

(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.

The licensee Livio Ghita did not complete an annual physical for 2022 or 2023. The responsible person Emilia Todor did not complete an annual physical for 2022.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/19/22

R 400.1407 **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.**

(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:

(a) The amount of personal care, supervision, and protection required by the resident is available in the home.

(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.

(c) The resident appears to be compatible with other residents and members of the household.

An assessment plan for Resident A was not completed when she was admitted into the home on June 13, 2023.

R 400.1416 Resident health care.

(4) A licensee shall make a reasonable attempt to contact the resident's next of kin, designated representative, and responsible agency by telephone, followed by a written report to the resident's designated representative and responsible agency within 48 hours of any of the following;

- (a) The death of a resident.
- (b) Any accident or illness requiring hospitalization.
- (c) Incidents involving displays of serious hostility, hospitalization, attempts at self-inflicted harm or harm to others, and instances of destruction to property.

Resident A passed away on 06/23/23 however; the licensee Livio Ghita did not complete an incident report.

R 400.1418 Resident medications.

(2) Medication shall be given pursuant to label instructions.

Resident B is prescribed Polyeth Gly Powder twice a day however; the licensee Livio Ghita is only giving this medication as a PRN.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/19/22

R 400.1418 Resident medications.

(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:

- (a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

There was a missing initial on Resident B MAR on 01/23/24 for her evening dose of Remedy Phytoplex.

R 400.1418 Resident medications.

(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:

(b) Not adjust or modify a resident's prescription medication without agreement and instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any adjustments or modifications of a resident's prescription medication.

According to Resident B MAR, she is prescribed the following medications as a PRN:

Alprazolam 5mg
Docusate 100mg
Calprotect
Ondansetron 4 mg

The abovementioned medications are not being administered to Resident B as the medications are not in the home.

R 400.1421 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.

Resident A and Resident B funds part I section B was not completed. Resident A funds part II was not completed accurately as it did not have the correct transaction amount for AFC payments.

R 400.1422 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

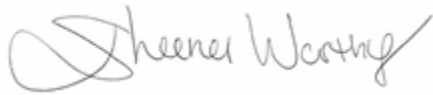
- (b) Date of admission.
- (c) Date of discharge and place to which resident was discharged.

Resident A identification record did not include her admission or discharge date.
Resident B identification record did not include her admission date.

A corrective action plan was requested and approved on 01/24/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Licensing Consultant

01/24/24
Date