

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 16, 2024

Vini Voggu Elderly Solutions, Inc. 100 Santure Road Monroe, MI 48162

RE: License #: AS580255782

Elderly Solutions, Inc. 100 Santure Road Monroe, MI 48162

Dear Ms. Voggu:

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,

Pandrea Robinson, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100

3026 W. Grand Blvd Detroit, MI 48202 (313) 319-9682

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

#### I. IDENTIFYING INFORMATION

**License #:** AS580255782

**Licensee Name:** Elderly Solutions, Inc.

**Licensee Address:** 100 Santure Road

Monroe, MI 48162

**Licensee Telephone #:** (734) 240-2374

Licensee/Licensee Designee: Vini Voggu

Administrator: Vini Voggu

Name of Facility: Elderly Solutions, Inc.

Facility Address: 100 Santure Road

Monroe, MI 48162

**Facility Telephone #:** (734) 240-2374

Original Issuance Date: 07/11/2003

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGED

**ALZHEIMERS** 

#### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	01/12/2	2024
Date	e of Bureau of Fire Services Inspection if appl	icable:	01/12/2024
Date	e of Health Authority Inspection if applicable:		01/12/2024
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		2 5
•	Medication pass / simulated pass observed?	Yes ⊠	]No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	∕es ⊠ No □ If no, explain.
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	kplain.	
•	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	no, expl	ain.
•	Corrective action plan compliance verified?  N/A ⊠  Number of excluded employees followed-up?	_	CAP date/s and rule/s:
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂	

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of inspection, the licensee designee failed to ensure that subsequent TB testing for staff AM was completed every three years. Staff AM's last TB test was read on 07/09/20.

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(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.

At the time of inspection, the licensee designee failed to review the health status of staff AM and RM in 2023.

#### R 400.14312 Resident medications.

(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.

At the time of inspection, Resident's A-C all had over the counter medications/topical ointments and such that were being administered without a prescription from their physician.

#### Resident A had had the following;

- Preparation H cooling gel
- Miralax Mix-In packs
- Childrens allergy relief syrup
- AZO Urinary Pain Relief
- Extra Strength Tylenol
- Allegra D 24 hour
- Soothe Dry eye therapy
- Gas X
- Pepto Bismol

#### Resident B had the following;

- Nasal Relief (Pump Mist Spray)
- Zyrtec Allergy tablets
- Equate Stool Softener soft gels
- Extra Strength Tylenol

#### Resident C had the following:

- Erythromycin Ophthalmic Ointment
- Systane Lubricant Eye drops
- Mucus relief tablets
- Biofreeze Menthol Spray
- Nasal Relief (Pump Mist Spray)
- Systane Lubricant Eye Drops
- Triple Antibiotic ointment
- Simply Saline Wound Wash
- Equate Sore Throat Anesthetic Spray

### 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.

At the time of inspection, I observed that emergency and evacuation procedures were not completed during daytime, evening, and sleeping hours as required. During 2023 fire drills were not conducted during evening and sleeping hours during the first, second and fourth quarter of 2023. No sleep drills were conducted during the third quarter of 2023. In 2022 there were no evening or sleeping hour drills conducted during the second, third and fourth quarters. Additionally, the residents were not evacuated during all of the drills.

#### IV. RECOMMENDATION

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

Pandrea Robinson Licensing Consultant 01/16/24 Date