

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

March 1, 2024
Zubair Ahmed
Great Lakes Assisted Living INC
#70935
2632 S Rochester Road
Rochester Hills, MI 48307

RE: License #: AS630408702

Safe Haven Hill 389 Slocum Drive

Auburn Hills, MI 48326

Dear Mr. Ahmed:

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,

Sheena Worthy, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Place

3026 W. Grand Blvd, Suite 9-100

Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #: AS630408702

Licensee Name: Great Lakes Assisted Living INC

Licensee Address: #70935

2632 S Rochester Road Rochester Hills, MI 48307

Licensee Telephone #: (248) 710-7056

Licensee/Licensee Designee: Zubair Ahmed

Administrator: Zubair Ahmed

Name of Facility: Safe Haven Hill

Facility Address: 389 Slocum Drive

Auburn Hills, MI 48326

Facility Telephone #: (248) 710-7056

Original Issuance Date: 10/08/2021

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL ALZHEIMERS

AGED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): 02/29/2024 |
|------|--|
| Date | e of Bureau of Fire Services Inspection if applicable: N/A |
| Date | e of Health Authority Inspection if applicable: N/A |
| No. | of staff interviewed and/or observed 2 of residents interviewed and/or observed 3 of others interviewed Role: |
| • | Medication pass / simulated pass observed? Yes \boxtimes No \square 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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain. |
| • | 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 \(\subseteq \text{No} \subseteq \text{N/A} \text{ \index} \) If no, explain. Water temperatures checked? Yes \(\subseteq \text{ No} \subseteq \text{ If no, explain.} \) |
| • | Incident report follow-up? Yes No If no, explain. N/A Corrective action plan compliance verified? Yes CAP date/s and rule/s: SIR CAP Approved 10/28/22; 208(1)(e), 210(c), 208(3), 210(b), 206(2) LSR CAP Approved 03/01/22; 205(5) 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 400.14203 Licensee and administrator training requirements.

- (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:
- (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.
- (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The licensee designee Zubair Ahmed did not complete annual trainings for 2022 or 2023.

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.

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

The licensee designee Zubair Ahmed did not provide a physical for 2022.

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 A was admitted on 03/14/23 however; he did not receive a physical until 05/08/23.

R 400.14312 Resident medications.

(5) When a resident requires medication while out of the home, a licensee shall assure that the resident or, in the alternative, the person who assumes responsibility for the resident has all of the appropriate information, medication, and instructions.

Resident A was not administered his Quetiapine 25 mg on 02/19/24 and 02/26/24 while he was on a leave of absence.

Resident B was not administered the following medications while he was on a leave of absence from 02/01/24 through 02/26/24:

Procel Powder Novolog Pantoprazole Betamethasone Metoprolol

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.

Fire drills were not completed during each required timeframe during the first, second, and fourth quarter in 2022. During the second and third quarter in 2023, there were missing evening and sleeping fire drills.

A corrective action plan was requested and approved on 02/29/2024. 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.

Sheena Worthy

Licensing Consultant

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03/01/24 Date