



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 28, 2024

Sandramay Prohm Crayton
22743 Quinn Rd
Clinton Township, MI 48035

RE: License #: AF500397014
Astorre Homes
22743 Quinn Rd
Clinton Township, MI 48035

Dear Ms. Prohm:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AF500397014
Licensee Name:	Sandramay Prohm Crayton
Licensee Address:	22743 Quinn Rd Clinton Township, MI 48035
Licensee Telephone #:	(586) 610-9827
Licensee/Licensee Designee:	Sandramay Prohm Crayton
Administrator:	N/A
Name of Facility:	Astorre Homes
Facility Address:	22743 Quinn Rd Clinton Township, MI 48035
Facility Telephone #:	(586) 610-9827
Original Issuance Date:	10/04/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/27/2024

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medications with licensee.
- 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.
Inspection did not occur during a meal preparation.
- 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:
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:

<p>R 400.1407</p>	<p>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.</p>
	<p>(3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</p>
<p>Resident A's assessment plan dated 08/10/2023 was not signed by guardian.</p>	
<p>R 400.1418</p>	<p>Resident medications.</p>
	<p>(2) Medication shall be given pursuant to label instructions.</p>
<p>Resident A's Senna 8.6 mg tablet instructions stated to take one tablet by mouth every 12 hours as needed for constipation. Resident A's medication administration record indicated to take one tablet by mouth every 12 hours for constipation. The label and medication administration record instructions did not match.</p>	
<p>R 400.1421</p>	<p>Handling of resident funds and valuables.</p>
	<p>(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>
<p>Resident A's Funds Part 1 form indicated that licensee managed checking and savings account. Resident B's Funds Part 1 form indicated that licensee managed his cash. Licensee indicated that forms are incorrect, and she does not manage these accounts for residents.</p>	

IV. RECOMMENDATION

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

Kristine Cilluffo

03/28/2024

Date

Licensing Consultant