



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 28, 2024

David Parr
33165 Cloverdale Ave
Farmington, MI 48336

RE: License #: AS630403123
Pleasant Valley Senior Care
27550 10 Mile Rd
Farmington Hills, MI 48336

Dear Mr. Parr:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630403123
Licensee Name:	David Parr
Licensee Address:	34832 Bunker Hill Dr Farmington Hills, MI 48331
Licensee Telephone #:	(248) 496-4211
Administrator:	David Parr
Name of Facility:	Pleasant Valley Senior Care
Facility Address:	27550 10 Mile Rd Farmington Hills, MI 48336
Facility Telephone #:	(248) 496-4211
Original Issuance Date:	02/11/2021
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/26/2024

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 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: licensee

- 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.
- 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.
There were no incidents to follow up on.
- 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:	
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.
	(3) A licensee shall maintain, in the home, and make available for department review, 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 direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Direct care staff, Jaya Whitlock and Tawana Jackson did not have a physical on file and available for review.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report (LSR) dated 08/10/2021; CAP dated 08/10/2021 and LSR dated 09/18/2023; CAP dated 10/02/2023.

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident B's assessment plan did not include all of her assistive devices and it was not signed by her guardian.

R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

During the inspection completed on 03/26/24, licensee David Parr reported that during fire drills, Resident C is being evacuated from the facility using Resident D's Hoyer lift to allow staff to evacuate the home faster. However, Resident C is not prescribed a Hoyer lift.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report dated 09/18/2023; CAP dated 10/02/2023.

R 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the inspection completed on 03/26/24, licensee David Parr reported that during fire drills Resident C is being evacuated from the facility using Resident D's Hoyer lift to allow staff to evacuate the home faster. Resident C is not prescribed a Hoyer lift. Resident C does not have a prescription on file for the use of a Hoyer.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report dated 09/18/2023; CAP dated 10/02/2023.

R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident A and Resident B did not have their weight recorded in February 2024.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report dated 09/18/2023; CAP dated 10/02/2023.

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident B is prescribed Hydrocodone/ APAP tab 5 – 325 mg. The bubble packet of medication states, take 1 tablet by mouth three times daily for pain. Take 1 tablet by mouth every 4 hours as needed for pain. This is not consistent with Resident B’s Medication Administration Record (MAR) that states, take 1 tablet by mouth three times daily for pain. Home manager, Elsa stated that the medication is being administered to Resident B three times daily. There are no written instructions on file to reflect this change.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report dated 09/18/2023; CAP dated 10/02/2023.

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Resident A is prescribed Lorazepam 0.5 mg. The bubble pack of medication states, take 1 tablet by mouth every 4 hours as needed for restlessness/agitation. The medication bubble pack was dated to indicate that the medication was administered to Resident A on the following dates: 03/22/24, 03/23/24, 03/24/24, and 03/25/24. The medication was not included on Resident A’s MAR.

Resident B is prescribed Meclizine 12.5 mg for dizziness. The bubble pack of medication states, take 1 tablet by mouth every 8 hours as needed for dizziness. The medication bubble pack was dated to indicate that the medication was administered to Resident B on the following dates: 03/18/24, 03/20/24, and 03/23/24. The medication was not included on Resident B’s MAR.

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

Resident A is prescribed Lorazepam 0.5 mg. The bubble pack of medication states, take 1 tablet by mouth every 4 hours as needed for restlessness/agitation. The medication was administered to Resident A on the following dates: 03/22/24, 03/23/24, 03/24/24, and 03/25/24. There was no record for the reason and/or effectiveness of the medication.

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

Resident A is prescribed Quetiapine 25 mg. The MAR and bubble packet of medication indicates, take 1 tablet by mouth daily at 3:00 pm. Home Manager, Elsa stated last week she received verbal instruction from Resident A's hospice provider to pass the medication in the morning. There are not written instructions regarding this change onsite and available for review. Elsa stated that they have been administering the medication in the morning.

Resident A is prescribed Lorazepam 0.5 mg. The bubble pack of medication indicates, take 1 tablet by mouth every 4 hours as needed. Home Manager, Elsa stated last week she received verbal instruction from Resident A's hospice provider to pass the medication at bedtime. There are not written instructions regarding this change onsite and available for review. Elsa stated that they have been administering the medication at bedtime.

Resident B's MAR indicates she is prescribed Nystatin Cream 100000 – Apply topical to affected area twice a day. The medication is not onsite and available for review. Home Manager, Elsa stated the prescription was discontinued. There was no discontinued prescription available for review. The medication is still listed on the MAR.

Resident B's MAR indicates she is prescribed Ammonium Lactate Lotion 12% - Apply topical to affected area twice a day. The medication is not onsite and available for review. Home Manager, Elsa stated the prescription was discontinued. There was no discontinued prescription available for review. The medication is still listed on the MAR.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report (LSR) dated 08/10/2021; CAP dated 08/10/2021 and LSR dated 09/18/2023; CAP dated 10/02/2023.

R 400.14315	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 B's Funds and Valuable Part II form indicates her monthly cost of care is \$5,500.00. This is not consistent with Resident B's Resident Care agreement which indicates her monthly cost of care is \$6,000 per month. Licensee, David Parr stated he made a verbal agreement to change Resident B's monthly cost of care. The change was not documented in writing.

R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the onsite inspection completed on 03/26/24, the water temperature in the facility measured above 120 degrees Fahrenheit. The hot water temperatures were as follows:

- Kitchen - 127 .9 degrees Fahrenheit
- Bathroom 1 - 122.9 degrees Fahrenheit
- Bathroom 2 - 125.8 degrees Fahrenheit
- Bathroom 3 - 127 degrees Fahrenheit

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report (LSR) dated 08/10/2021; CAP dated 08/10/2021 and LSR dated 09/18/2023; CAP dated 10/02/2023.

IV. RECOMMENDATION

Refusal to renew the license is recommended.

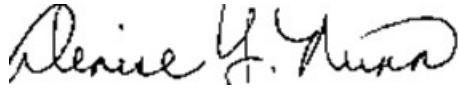


03/26/2024

Johnna Cade
Licensing Consultant

Date

Approved by:



03/28/2024

Denise Y. Nunn
Area Manager

Date

Date