

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 10, 2024

Sussanah Tabot A Heart That Cares LLC 7145 Colchester Lane Ypsilanti, MI 48197

RE: License #: AS820407427

A Heart That Cares LLC 25345 Haskell St Taylor, MI 48180

Dear Sussanah Tabot:

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 a Statement of Correction.

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,

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3029

Regina Buchanon

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

I. IDENTIFYING INFORMATION

License #: AS820407427

Licensee Name: A Heart That Cares LLC

Licensee Address: 7145 Colchester Lane

Ypsilanti, MI 48197

Licensee Telephone #: (734) 846-2551

Licensee/Licensee Designee: Sussanah Tabot

Administrator: Sussanah Tabot

Name of Facility: A Heart That Cares LLC

Facility Address: 25345 Haskell St

Taylor, MI 48180

Facility Telephone #: (313) 914-3098

Original Issuance Date: 10/26/2021

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	04/10/20	024	
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A	
Date	e of Health Authority Inspection if applicable:	1	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		1 3	
•	Medication pass / simulated pass observed?	Yes 🖂	No ☐ If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes $igtimes$ No $igcup$ 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 No If no, explain. Residents had already eaten Fire drills reviewed? Yes No If no, explain.			
•	Fire safety equipment and practices observe	d? Yes	⊠ No If no, explain.	
	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \)			
•	Incident report follow-up? Yes No If Incident report follow-up? Yes No If Incident report follow-up? None Corrective action plan compliance verified? Nounder of excluded employees followed-up?	Yes ⊠ (2(4)(b),3	CAP date/s and rule/s:	
•	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 400.14310 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's weight was not recorded monthly as required.

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.
- (vi) A resident's refusal to accept prescribed medication or procedures.

Several blank spaces were observed on Resident A's medication logs. Staff did not initial to verify administration and there was no documentation to explain the blanks.

REPEAT VIOLATION {RENEWAL INSPECTION 04/26/2022}

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 A did not have a Funds Part II form completed and on file.

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.

The hot water temperature was 136 degrees Fahrenheit.

REPEAT VIOLATION {RENEWAL INSPECTION 04/26/2022}

IV. RECOMMENDATION

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

Regina Buchanon	
·	04/10/2024
	Date
Licensing Consultant	