GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 17th, 2024

Eliyahu Gabay
True Care Living
565 General Ave.
Springfield, MI 49037

RE: License #: AH130405658
Investigation #: 2024A1021046
True Care Living

Dear Eli Gabay:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,
Kimberly Horst

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH130405658
Investigation #:	2024A1021046
Complaint Receipt Date:	03/25/2024
Investigation Initiation Date:	03/28/2024
Report Due Date:	05/24/2024
Licensee Name:	True Care Living Limited Liability Corporation
Licensee Address:	16135 Stratford Drive Southfield, MI 48075
Licensee Telephone #:	(818) 288-0903
Administrator/ Authorized Representative:	Eliyahu Gabay
Name of Facility:	True Care Living
Facility Address:	565 General Ave. Springfield, MI 49037
Facility Telephone #:	(269) 968-3365
Original Issuance Date:	03/25/2021
License Status:	REGULAR
Effective Date:	09/25/2023
Expiration Date:	09/24/2024
Capacity:	108
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Safety concerns at the facility.	Yes
Additional Findings	Yes

III. METHODOLOGY

03/25/2024	Special Investigation Intake 2024A1021046
03/28/2024	Inspection Completed On-site
03/28/2024	Special Investigation Initiated - On Site
05/17/2024	Exit Conference

ALLEGATION:

Safety concerns at the facility.

INVESTIGATION:

On 03/25/2024, the licensing department received a complaint from Adult Protective Services (APS) with allegations Resident B's room is cluttered, there is rust on the side of the building, and there is black mold in the facility. APS did not open the complaint for investigation.

On 03/28/2024, I interviewed Resident B at the facility. Resident B reported his room was cluttered but that he cleaned the room. Resident B reported he was discharged from the facility and was planning on moving to California next week. Resident B reported the facility cannot meet his medical needs.

On 03/28/2024, I interviewed staff person 1 (SP1) at the facility. SP1 reported the facility has torn down wallpaper in the hallways to paint. SP1 reported when the wallpaper was taken down, they observed water damage on the walls and on the floor. SP1 reported the maintenance department is cutting out the water damage on the walls, sanding down the walls, hanging new drywall, and installing new flooring. SP1 reported the walls are also bleached to remove the water damage. SP1 reported the maintenance department cleans up their work as they go. SP1 reported there are fans in the hallway for more ventilation during the project. SP1 reported

there is no black mold just past water damage. SP1 reported the facility does not plan to move residents during this project.

On 03/28/2024, I interviewed SP2 at the facility. SP2 statements were consistent with those made by SP1.

I viewed Resident B's room. The room had various personal items in the room, but the floor was clean. Resident B and his roommate were able to move about the room in their wheelchair and walker. I did not observe any safety concerns with Resident B's room.

I did not view any rust at the facility.

I viewed the hallway on the north side of the building where the wallpaper was removed. I viewed various black spots on the walls near the floor. I viewed holes in the walls because of the water damage. I viewed fans running for ventilation in the hallway.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
For Reference: **R 325.1901**	**Definitions.**
	(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	Interviews conducted and observations made at the facility revealed the facility is in the process of updating the wall finish in the hallway on the first floor. Through the updating process, water damage to the existing drywall was identified. The damaged portions of the drywall were removed, walls were

	bleached, and new drywall was hung. However, during the process of drywall removal and repair, residents were not shielded or relocated within the facility to ensure their safety and protection from exposure to the drywall replacement.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

Resident B reported the shower water was cold and he was unable to take a hot shower.

I viewed the water temperature for the shower room on the north side of the building. The water temperature only reached 82 degrees Fahrenheit.

APPLICABLE RULE	
R 325.1970	**Water supply systems.**
	(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.
ANALYSIS:	Interviews conducted and observation of water temperature revealed the water temperature in the shower room did not reach 105 to 120 degrees Fahrenheit.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

03/29/2024

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Kimberly Horst Date
Licensing Staff

Approved By:

04/23/2024

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Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section