



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 21, 2024

Phillip Mastrofrancesco
Mastrofrancesco AFC Inc
Suite #5
23933 Allen Road
Woodhaven, MI 48183

RE: License #: AS580067669
Binkley Manor
5041 Northfield Dr
Monroe, MI 48161

Dear Mr. Mastrofrancesco:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is fluid and cursive, with the first name "Pandrea" and last name "Robinson" clearly legible.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AS580067669
Licensee Name:	Mastrofrancesco AFC Inc
Licensee Address:	Suite #5 23933 Allen Road Woodhaven, MI 48183
Licensee Telephone #:	(737) 671-3654
Licensee/Licensee Designee:	Phillip Mastrofrancesco
Administrator:	Phillip Mastrofrancsco
Name of Facility:	Binkley Manor
Facility Address:	5041 Northfield Dr Monroe, MI 48161
Facility Telephone #:	(734) 241-1694
Original Issuance Date:	11/06/1995
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/17/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable: 06/17/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed Role:

- 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.
Residents had eaten prior to inspection.
- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.14312 Resident medications.

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

At the time of inspection, I observed Resident A's Ketoconazole 2% cream order that was prescribed on 12/04/22. The label instructions were to apply a thin layer by topical route to rash twice daily for two weeks. The Ketoconazole 2% cream was not in the home during the inspection, however, the medication administration record documents that the cream was applied January 1, 2024, through January 31 2024, May 1, 2024 through May 31, 2024 and June 1, 2024 through June 17, 2024.

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.**

At the time of inspection, I reviewed Resident A's medication administration records and observed:

- Levothyroxine 25mcg tablet and Spironolactone 25mg was not initialed given on 01/6/24, 1/13/24, 1/20/24, 1/28/24, 1/31/24, 02/24/24, 2/25/24, 05/04/24, 05/18/24, 06/08/24, 06/14/24, 06/15/24.
- Buspirone 15mg tablet 8:00 a.m. dose was not initialed as given on 01/16/24, 01/13/24, 01/20/24, 01/28/24, 01/31/24, 02/03/24, 02/09/24, 02/24/24, 02/25/24, 5/04/24, 05/18/24, 06/08/24, 06/14/24, 06/15/24. The 8:00 p.m. dose was not initialed as given on 01/18/24, 01/24/24, 02/02/24, 02/03/24, 02/05/24, 02/06/24, 02/25/24, 05/03/24, 05/13/24, 05/14/24, 05/15/24, 05/17/24, 05/20/24, 05/30/24, 05/31/24, 06/14/24.
- Metformin HCL 500mg/5ml soln. 8:00 a.m. dose was not initialed as given on 1/6/24, 1/13/24, 1/20/24, 1/28/24, 2/3/24, 2/4/24, 2/9/24, 2/24/24, 2/25/24. The 8:00 p.m. dose was not initialed as given on 1/24/24, 2/2/24, 2/3/24, 2/5/24, 2/6/24, 2/9/24, 2/23/24, 2/24/24, 2/27/24, 2/29/24.
- Risperidone Sol 1mg/ml 8:00 a.m. dose not initialed as given on 1/5/24, 1/13/24, 1/20/24, 1/28/24, 1/31/24, 2/3/24, 2/4/24, 2/10/24, 2/24/24, 2/25/24, 5/4/24, 6/14/24, 6/15/24. The 8:00 p.m. dose was not initialed as given on 1/24/24, 2/2/24, 2/3/24, 2/5/24, 2/6/24, 2/9/24, 2/23/24, 2/24/24, 2/28/24, 2/29/24, 5/3/24, 5/13/24, 5/14/24, 5/15/24, 5/17/24, 5/30/24, 5/31/24 and 06/14/24.

IV. RECOMMENDATION

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



Pandrea Robinson
Licensing Consultant

06/21/24
Date