



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 7, 2024

Daniela Iacoban
Peaceful Manor LLC
31202 Westhill
Farmington Hills, MI 48336

RE: License #: AS630337634
Peaceful Manor LLC
31202 Westhill
Farmington Hills, MI 48336

Dear Daniela Iacoban:

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 documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 black ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630337634
Licensee Name:	Peaceful Manor LLC
Licensee Address:	31202 Westhill Farmington Hills, MI 48336
Licensee Telephone #:	(248) 739-0496
Administrator/Licensee Designee:	Daniela Iacoban
Name of Facility:	Peaceful Manor LLC
Facility Address:	31202 Westhill Farmington Hills, MI 48336
Facility Telephone #:	(248) 739-0496
Original Issuance Date:	07/26/2013
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/07/2024

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 6

No. of others interviewed 1 Role: LD

- 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.
- 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.

During the on-site inspection on 08/07/2024, direct care staff (DCS) Nicole Townsend did not have a statement that is signed by a licensed physician attesting to her physical health within 30 days of her hire date of 06/01/2024.

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.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

During the on-site inspection on 08/07/2024, direct care staff (DCS) Nicole Townsend did not have her communicable tuberculosis completed prior to her start date of 06/01/2024.

R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

During the on-site inspection on 08/07/2024, I reviewed the staffing schedule for 07/2024 and 08/2024 and there was only one DCS working from 2PM-5PM and from 8PM-7AM. According to the licensee designee Daniela Iacoban, Resident A is a two-person assist.

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: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 08/07/2024, I reviewed Resident A's medication logs and found the following errors:

- **Divalproex DR 125MG:** take one capsule by mouth twice daily was given at 8AM on 05/31/2024 and at 8PM on 05/30/2024 and 05/31/2024, but staff did not initial the medication log.
- **Eliquis 5MG:** take one tablet by mouth twice daily was given at 8AM on 05/31/2024 and at 8PM on 05/30/2024 and 05/31/2024, but staff did not initial the medication log.
- **Gabapentin 600MG:** take one tablet by mouth three times daily was given at 8AM on 05/31/2024 and at 4PM and at 8PM on 05/30/2024 and 05/31/2024, but staff did not initial the medication log.
- **Vitamin E 400 Unit:** take one capsule by mouth every day was given at 8AM on 05/31/2024, but staff did not initial the medication log.
- **Losartan Potassium 50MG:** take one tablet by mouth every day was given at 8AM on 05/31/2024, but staff did not initial the medication log.
- **Metoprolol Tartrate 50MG:** take one tablet by mouth twice daily 8AM on 05/31/2024 and at 8PM on 05/30/2024 and 05/31/2024, but staff did not initial the medication log.
- **Omeprazole Dr 20MG:** take one capsule by mouth every day was given at 8AM on 05/31/2024, but staff did not initial the medication log.
- **Prednisone 2.5MG:** take one tablet by mouth twice daily was given at 8AM on 05/31/2024 and at 8PM on 05/30/2024 and 05/31/2024, but staff did not initial the medication log.
- **Quetiapine Fumarate 100MG:** take one tablet by mouth at bedtime was given at 8PM on 05/30/2024 and on 05/31/2024, but staff did not initial the medication log.
- **Quetiapine Fumarate 50MG:** take one tablet by mouth every morning and take one tablet by mouth at 2PM was given at 8AM on 05/31/2024 and at 2PM on 05/30/2024 and 05/31/2024, but staff did not initial the medication log.
- **Sertraline Hcl 100MG:** take one tablet by mouth every morning was given at 8AM on 05/31/2024, but staff did not initial the medication log.

R 400.14312	Resident medications.
	<p>(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:</p> <p style="padding-left: 40px;">(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.</p>

During the on-site inspection on 08/07/2024, I reviewed Resident B's medications and medication logs and found the following error:

- **Tylenol/Acetaminophen Extra Strength 500MG:** take one tablet by mouth every eight hours as needed was modified to three times daily without the instructions from the prescribing physician from 08/01/2024-08/07/2024.

A corrective action plan was requested and approved on 08/07/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

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



08/07/2024

Frodet Dawisha
Licensing Consultant

Date