



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2024

Abdulaziz Issa
Transmed Mobility LLC
2900 Golfside Rd., Suite 6
Ann Arbor, MI 48108

RE: License #: AS810409394
TransMed Care II
1705 E. Forest St.
Ypsilanti, MI 48198

Dear Mr. Issa:

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. (Submit future fire drill forms, medication administration sheets corrected on 07/18/2024)

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

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

I. IDENTIFYING INFORMATION

License #: AS810409394

Licensee Name: Transmed Mobility LLC

Licensee Address: Suite 6
2900 Golfside Rd
Ann Arbor, MI 48108

Licensee Telephone #: (734) 883-8544

Licensee/Licensee Designee: Abdulaziz Issa

Administrator: Abdulaziz Issa

Name of Facility: TransMed Care II

Facility Address: 1705 E. Forest St.
Ypsilanti, MI 48198

Facility Telephone #: (734) 883-8544

Original Issuance Date: 02/03/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/18/2024

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

1

No. of residents interviewed and/or observed

No. of others interviewed

Role:

- Medication pass / simulated pass observed? Yes No If no, explain.
No due to COVID-19.
- 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 determined to be in substantial compliance with rules and requirements. *(remove if this does not apply)*

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

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Fire drills completed incorrectly, not completed during daytime, evening, and sleeping hours at least once per quarter.

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:
(iv) Time to be administered.**

Resident, RP, was prescribed the medication, Atorvastatin 10mg – take 1 tab every other day. The medication administration sheet showed that the staff did not initial for the days of 07/09, 07/11, 07/13, and 07/15 to verify medication was administered. However, the medication in the pharmacy bubble pack was missing with staff initials written documenting medication given as prescribed. Error observed on the medication administration sheet.

A corrective action plan was requested and approved on 07/18/2024. 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.



Vanita C. Bouldin
Licensing Consultant

Date: 07/23/2024