



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 28, 2024

Amitkumar Kalasariya  
Caring Professionals LLC  
73 Birchwood  
Troy, MI 48083

RE: License #: AS500412987  
Investigation #: 2024A0604019  
Caring Professionals AFC Home 2

Dear Mr. Kalasariya:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended.

**Renewal Licensing Study Report dated 11/15/2023 determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license was recommended. A settlement agreement was entered on 05/15/2024. Caring Professionals LLC understands that license #AS500412987 will be administratively closed, effective either four (4) months from the date of this agreement by the Bureau or upon the issuance of a new license for Care and Comfort AFC, LLC.**

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 (248) 975-5053.

Sincerely,

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500412987
<b>Investigation #:</b>	2024A0604019
<b>Complaint Receipt Date:</b>	06/11/2024
<b>Investigation Initiation Date:</b>	06/13/2024
<b>Report Due Date:</b>	08/10/2024
<b>Licensee Name:</b>	Caring Professionals LLC
<b>Licensee Address:</b>	40150 Sara Rose Clinton Twp, MI 48038
<b>Licensee Telephone #:</b>	(586) 224-9909
<b>Administrator:</b>	Amitkumar Kalasariya
<b>Licensee Designee:</b>	Amitkumar Kalasariya
<b>Name of Facility:</b>	Caring Professionals AFC Home 2
<b>Facility Address:</b>	40796 Ruggero St. Clinton Township, MI 48038
<b>Facility Telephone #:</b>	(586) 224-9909
<b>Original Issuance Date:</b>	11/07/2022
<b>License Status:</b>	1ST PROVISIONAL
<b>Effective Date:</b>	05/30/2023
<b>Expiration Date:</b>	11/29/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. ALLEGATION(S)

	Violation Established?
Staff are not trained upon hire and are sleeping on shift.	No
Staff, Mya, was rough with Resident A during transfer.	Yes
Home is not in compliance with requirements for medication administration. Medications are improperly accounted for and not discarded or stored properly.	Yes
There is no dietary plan for residents and menu is not being followed.	Yes
Home is not in compliance with fire drill requirements.	No
Additional Findings	Yes

## III. METHODOLOGY

06/11/2024	Special Investigation Intake 2024A0604019
06/13/2024	Special Investigation Initiated - On Site Completed unannounced onsite investigation. Interviewed Staff, Kristi Aikins, Resident A and Resident B.
06/13/2024	Contact - Telephone call made TC to Laura Kujawski
06/13/2024	Contact - Telephone call received Received message from Laura Kujawski
06/14/2024	APS Referral Referral to Adult Protective Services. APS referral denied.
06/15/2024	Contact - Document Received Email from Amitkumar Kalasariya
06/18/2024	Contact - Document Sent Email to Amitkumar Kalasariya
06/20/2024	Contact - Document Sent Email to Amitkumar Kalasariya and Laura Kujawski
06/20/2024	Contact - Document Sent Email to and from Laura Kujawski
06/21/2024	Contact - Document Received Email from Amitkumar Kalasariya

06/25/2024	Contact - Document Received Received documents by email from Caring Professionals
06/28/2024	Contact - Telephone call received Received message from Laura Kujawski. Returned call.
07/05/2024	APS Referral Referral made to APS on 07/03/2024 and forwarded to licensing. APS will not be investigating as perpetrator has been terminated.
07/30/2024	Inspection Completed On-site Meeting with Laura Kujawski at Caring Professionals
08/15/2024	Contact- Document Sent Email to Amitkumar Kalasariya
08/19/2024	Contact- Document Sent Email to Amitkumar Kalasariya. Received return email with CPR/First Aid trainings and fire drills
08/26/2024	Exit Conference TC to licensee designee, Amitkumar Kalasariya. Unable to leave message. Sent message to Mr. Kalawariya with recommendation and findings.

#### **ALLEGATION:**

**Staff are not trained upon hire and are sleeping on shift.**

#### **INVESTIGATION:**

I received a licensing complaint regarding Caring Professionals AFC Home 2 on 06/11/2024. It is alleged that company is operating under policies and procedures that go against the rights of consumers in need of care. There are medications not being stored or discarded properly, documents in the home are not in compliance with the state requirements entailing fire drills, medication trainings, medication administration, and compliance trainings. The employees are hired as 1099 contractors paid via ZELLE or paper check. This results in zero benefits, 401k, and overtime / PTO compensation. Staff are required to work more than 24 hours at a time due to shortages in staff. There is no nutritional or dietary plan in place for any of the residents, including failure to adhere to a menu to benefit the residents. Staff are not trained upon hire or given a manager, there is camera footage of staff being allowed to sleep on shift and provide poor care to residents resulting in relatives discharging residents from the home for suspicions of neglect. Medications are being improperly accounted for also.

Refusal to renew the license for Caring Professionals AFC Home 2 was recommended in Renewal Licensing Study Report dated 11/15/2023. A settlement agreement was entered on 05/15/2024. The license for Caring Professionals AFC Home 2 will be administratively closed, effective either four (4) months from the date of this agreement by the Bureau or upon the issuance of a new license for Care and Comfort AFC, LLC.

On 06/13/2024, I completed an unannounced onsite investigation at Caring Professionals AFC Home 2. I interviewed Staff, Kristi Aikins, Resident A and Resident B.

On 06/13/2024, I interviewed Staff, Kristi Aikins. She stated that she has worked at the home for a year. Ms. Aikins contacted her Manager, Laura Kujawski, by phone during inspection and indicated current Licensee Designee, Amitkumar Kalasariya is out of the country. Ms. Aikins stated that she has been trained and fingerprinted. She has also had a medical and TB test completed. Ms. Aikins stated that staff shifts are from 8am-4pm, 4pm-12am, and 12 am to 8 am.

On 06/13/2024, I interviewed Resident A. She indicated that staff are sleeping on midnight shift and indicated that staff need to stay off phones. She indicated that she is treated well by staff, however, staff need to do what they are supposed to do during shifts. She stated that Staff, Kristi, does things perfectly. She had concerns regarding the bathroom not being cleaned daily and indicated that staff do not pick up towels. I observed the bathroom during onsite inspection. The bathroom was adequately clean, however, there was one towel on floor. She also stated that she believes they use her supply of briefs.

On 06/13/2024, I interviewed Resident B. He stated that the has lived at the home for about three months and that it is fine. Resident B indicated that there are always staff available. He has not seen any staff sleeping. He believes the longest shift staff work is 12 hours. Resident B stated that he is always seen by a nurse that comes to the home.

On 06/13/2024, I interviewed Laura Kujawski by phone. She indicated that there have been reports of staff being on their phones, however, not staff sleeping on shift.

On 06/18/2024, I requested training records for Staff, Kristi Aikins, Erika Mason, Mya Grant and Malacia Malcolm. On 06/25/2024, I received email from Caring Professionals with verification that staff had received training in medication administration, reporting requirements, personal care, supervision and protection, resident rights, safety and fire prevention and prevention and containment of communicable diseases/bloodborne pathogens. On 08/19/2024, I received verification of CPR/First Aid training for staff.

On 07/30/2024, I had face to face meeting with Nurse/Manager, Laura Kujawski. Ms. Kujawski will be the new Licensee Designee for Caring Professionals as part of settlement agreement. She indicated that there have been no recent reports regarding staff sleeping on shift.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<p><b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements.</b></li> <li><b>(b) First aid.</b></li> <li><b>(c) Cardiopulmonary resuscitation.</b></li> <li><b>(d) Personal care, supervision, and protection.</b></li> <li><b>(e) Resident rights.</b></li> <li><b>(f) Safety and fire prevention.</b></li> <li><b>(g) Prevention and containment of communicable diseases.</b></li> </ul>
<b>ANALYSIS:</b>	On 06/25/2024, I received an email from Caring Professionals with verification that Staff, Kristi Aikins, Erika Mason, Mya Grant and Malacia Malcolm had received training in medication administration, reporting requirements, personal care, supervision and protection, resident rights, safety and fire prevention and prevention and containment of communicable diseases/bloodborne pathogens. On 08/19/2024, I received verification of CPR/First Aid training for staff.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<p><b>(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.</b></p>
<b>ANALYSIS:</b>	There is not enough information to determine that staff are currently sleeping on shifts. Nurse/Manager, Laura Kujawski, stated that she has had reports of staff being on phones but not sleeping. Resident A stated that she has observed staff sleeping on midnight shifts. Resident B has not observed any staff sleeping.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff, Mya, was rough with Resident A during transfer.**

**INVESTIGATION:**

On 06/28/2024, I received call from Nurse/Manager, Laura Kujawski. She stated that Resident A reported to hospice nurse that Staff, Mya, was rough when her during a transfer and yanked her legs. Ms. Kujawski stated that she completed a full skin assessment after this was reported and she did not note any injuries.

On 07/05/2024, APS referral was forwarded to licensing. The APS referral was denied as Staff, Mya, was terminated.

On 07/30/2024, I interviewed Laura Kujawski at the home. She confirmed that Staff, Mya, has remained terminated and no longer works at Caring Professionals.

I reviewed incident report dated 06/27/2024. Incident report states, "(Resident A) reported 'rough' care from caregiver Mya". Mya was placed on administrative leave, report taken from Resident A and skin assessment was completed. Corrective measures indicate that Mya was dismissed from employment.

<b>APPLICABLE RULE</b>	
<b>R 400.14308</b>	<b>Resident behavior interventions prohibitions.</b>
	<b>(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (b) Use any form of physical force other than physical restraint as defined in these rules.</b>
<b>ANALYSIS:</b>	On 06/27/2024, it was reported that staff, Mya Grant, was rough with Resident A and yanked on her legs during transfer. Nurse/Manager, Laura Kujawski, immediately reported the incident and staff was terminated. A full skin assessment was completed, and no injuries were noted.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED (BUT CORRECTED)</b>

## **ALLEGATION:**

**Home is not in compliance with requirements for medication administration. Medications are improperly accounted for and not discarded or stored properly.**

## **INVESTIGATION:**

On 06/13/2024, I interviewed Staff, Kristi Aikins. Ms. Aikins stated that medications are kept in medication cart and narcotics are kept in a lock box. They also have a narcotic count book. She was not aware of any missing medications. She stated that Amitkumar, "Yogi", returns medications that are no longer needed to the pharmacy.

On 06/13/2024, I reviewed resident medications and medication logs with Ms. Aikins. The facility is using Quick Mar system to log medications. The home has a locked medication cart that is kept in office. Ms. Aikins stated that she did not have a medication log for Resident C. She indicated that Resident C moved into the home on Sunday from one of their other homes and she was not yet transferred to their Quick Mar system. Ms. Aikins showed me that the back of Resident C's pill packs were being initialed to show the medications were administered. Ms. Aikins also indicated that Resident A did not have a medication log because she administers her own medication. She stated that Resident A keeps medication in her bedroom. During the onsite inspection, I observed that Resident A's medications were being kept in an unlocked drawer in her bedroom. The medications were observed in bottles and weekly pill containers.

On 06/13/2024, I interviewed Resident A. Resident A confirmed that she can administer her own medications. She indicated that she is only living at the home due to her diagnosis of muscular dystrophy and this does not affect her ability to take her own medications.

On 06/13/2024, I interviewed Resident B. He stated that he is getting all of his medications.

On 06/13/2024, I reviewed Resident B's medication log. His medication log was missing staff initials on 06/08/2024 for Aspirin Low Dose 81 mg, Gabapentin 100 mg caps, Levothyroxine Sodium 50 MCG, Midodrine HCL 5 mg tabs, Mirtazapine 7.5 mg tabs. His medication log was missing staff initials on 06/09/2024 for Gabapentin 100 mg caps (8 PM) and Mirtazapine 7.5 mg tabs.

On 06/13/2024, I reviewed Resident E's medication log. Her medication log was missing staff initials on 06/08/2024 for Glucosamine 500 mg caps (8PM) and Lamotrigine 100 mg tabs (8PM).

On 06/25/2024, I received a copy of physician order from Carlisle Vendittelli, MD for Resident A dated 03/04/2024. The order states, "(Resident A) is able to self-administer medications independently and safely".



On 07/30/2024, I had face to face meeting with Nurse/Manager, Laura Kujawski. Ms. Kujawski stated that Resident A is now on hospice and staff administer her medications.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</b>
<b>ANALYSIS:</b>	Resident A is taking her own medications; however, the medications are not being stored properly. On 06/13/2024, Staff Kristi Aikins and Resident A indicated that Resident A takes her own medications. I observed that Resident A's medications were being kept in an unlocked drawer in her bedroom. The medications were in bottles and weekly pill containers. On 06/25/2024, I received a copy of physician order from Carlisle Vendittelli, MD for Resident A dated 03/04/2024. The order states, "(Resident A) is able to self-administer medications independently and safely". On 07/30/2024, Laura Kujawski indicated that Resident A is now on hospice and staff administer her medications.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(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> <b>(b) Complete an individual medication log that contains all of the following information:</b> (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered.

	<p><b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b></p> <p><b>(vi) A resident's refusal to accept prescribed medication or procedures.</b></p>
<b>ANALYSIS:</b>	<p>On 06/13/2024, I completed an unannounced onsite investigation. Staff Kristi Aikins, stated that Resident C did not have a medication log because she had recently moved from another home. She stated that staff are currently initiating the back of pill packs to show medication has been administered.</p> <p>On 06/13/2024, I reviewed Resident B's medication log. His medication log was missing staff initials on 06/08/2024 for Aspirin Low Dose 81 mg, Gabapentin 100 mg caps, Levothyroxine Sodium 50 MCG, Midodrine HCL 5 mg tabs, Mirtazapine 7.5 mg tabs. His medication log was missing staff initials on 06/09/2024 for Gabapentin 100 mg caps (8 PM) and Mirtazapine 7.5 mg tabs.</p> <p>On 06/13/2024, I reviewed Resident E's medication log. Her medication log was missing staff initials on 06/08/2024 for Glucosamine 500 mg caps (8PM) and Lamotrigine 100 mg tabs (8PM).</p>
<b>CONCLUSION:</b>	<p><b>REPEAT VIOLATION ESTABLISHED</b></p> <p><b>Reference LSR dated 11/15/2023, Settlement agreement entered on 05/15/2024</b></p>

#### **ALLEGATION:**

**There is no dietary plan for residents and menu is not being followed.**

#### **INVESTIGATION:**

On 06/13/2024, I completed an unannounced onsite investigation. I observed a weekly menu board in kitchen with one meal listed for each day of week. The seven meals listed were pulled pork, nachos, stir fry, chicken/salad, hamburger helper, corn beef/cabbage and spaghetti. Ms. Aikins indicated that they had a clipboard where handwritten menus were kept. The handwritten menus were not dated and listed different items than listed on menu board.

On 06/13/2024, I interviewed Resident A. She stated that a menu is not followed. Resident A stated that the food is great, however, she would like an actual place setting and not only be given a spoon to eat. She also indicated that she would like to eat dinner before 6:00 or 7:00 pm.

On 06/13/2024, I interviewed Resident B. He stated that there is always plenty of food. He stated that there is no menu followed and staff make whatever they feel like.

On 06/25/2024, I received copies of April, May and June 2024 menus from Caring Professionals by email. The April and May menus are one page and list seven days of meals. The menu lists two choices for lunch and dinner. June 2024 is a handwritten menu. The residents interviewed did not report seeing menu or being given meal options.

On 06/25/2024, I received copy of assessment plans for Resident A, Resident B, Resident C, Resident D and Resident E. None of the residents' assessment plan indicated that they were prescribed a special diet.

On 07/30/2024, I interviewed Nurse/Manager, Laura Kujawski. She stated that the home would not have record or menus with substitutions for one year.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.</b>
<b>ANALYSIS:</b>	A posted menu is not being followed. Resident A and Resident indicated that there are no issues with food, however, a menu is not followed. On 07/30/2024, I interviewed Nurse/Manager, Laura Kujawski. She stated that the home would not have record or menus with substitutions for one year. Ms. Kujawski indicated that they are now aware of requirement and will complete menus with substitutions going forward. There is not enough information to determine that a dietary plan is not being followed. None of the residents' assessment plans indicate that they are prescribed a special diet.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.</b>
<b>ANALYSIS:</b>	On 07/30/2024, I interviewed Nurse/Manager, Laura Kujawski, at the home. She stated that the home would not have record or menus with substitutions for one year.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Home is not in compliance with fire drill requirements.**

**INVESTIGATION:**

On 06/13/2024, I interviewed Staff, Laura Aikins. She stated that she did not have fire drill information. She stated that drills should be requested from Laura or Rick.

On 06/13/2024, I interviewed Resident A. She stated that she has not completed any fire drills since moving into the home.

On 06/13/2024, I interviewed Resident B. He stated that he has not completed any fire drills since moving into the home.

On 08/19/2024, I received copy of fire drill records by email. The records show that drills have been completed monthly in 2024. Day, evening and sleep time drills are being completed each quarter. The records include date, time and staff who conducted drill, however, time to evacuate and residents who participated are not listed.

<b>APPLICABLE RULE</b>	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	There is not enough information to determine that fire drills are not being conducted. Fire drill records were provided for 2024 and indicate that monthly drills are being completed. However, Resident A and Resident B both reported that they have not participated in fire drills. The licensee should ensure that all residents participate in drills and note evacuation times on record.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ADDITIONAL FINDINGS:**

#### **INVESTIGATION:**

On 06/13/2024, I completed an unannounced onsite investigation. During the onsite investigation, I observed that the home had a copy of a resident register posted in the office. The resident register was not updated and did not reflect the current residents in the home.

I completed an exit conference with licensee designee, Amitkumar Kalasariya on 08/26/2024. I attempted to contact Mr. Kalasariya by phone and was unable to leave a message. I sent a text message to Mr. Kalasariya with recommendation and findings and indicated that the license was still scheduled to be closed on 09/15/2024 per the settlement agreement.

<b>APPLICABLE RULE</b>	
<b>R 400.14210</b>	<b>Resident register.</b>
	<b>A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:</b> <ul style="list-style-type: none"> <li><b>(a) Date of admission.</b></li> <li><b>(b) Date of discharge.</b></li> <li><b>(c) Place and address to which the resident moved, if known.</b></li> </ul>
<b>ANALYSIS:</b>	On 06/13/2024, I completed an unannounced onsite investigation. The resident register was not updated and did not reflect the current residents in the home.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

I recommend that this special investigation is closed.

A settlement agreement was entered on 05/15/2024. Caring Professionals LLC understands that this license #AS500412987 will be administratively closed, effective either four (4) months from the date of this agreement by the Bureau or upon the issuance of a new license for Care and Comfort AFC, LLC.



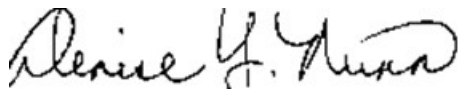
08/26/2024

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Kristine Cilluffo  
Licensing Consultant

Date

Approved By:



08/28/2024

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Denise Y. Nunn  
Area Manager

Date