



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 17, 2024

Marium Knybel
32564 Creekview
New Haven, MI 48048

RE: License #: AS630409577
Stratford Upon Avon
2038 Stratford Dr
Troy, MI 48083

Dear Ms. Knybel:

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 designee 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade". The signature is written in black ink and is positioned below the word "Sincerely,".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630409577
Licensee Name:	Marium Knybel
Licensee Address:	32564 Creekview Ave NEW HAVEN, MI 48048
Licensee Telephone #:	(586) 909-7600
Administrator:	Marium Knybel
Name of Facility:	Stratford Upon Avon
Facility Address:	2038 Stratford Dr Troy, MI 48083
Facility Telephone #:	(586) 909-7600
Original Issuance Date:	03/25/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/17/2024

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 4

No. of others interviewed 1 Role: Licensee

- 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.
The inspection was not conducted during meal time.
- 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 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

- Resident A is prescribed Xarelto 10 mg. The instructions indicate take one tablet by mouth every day. Resident A takes the medication at 9:00 am. On 09/17/24, the medication was not administered to him. The medication was in the bubble pack.
- Per Resident A's September 2024 medication administration record, he is prescribed Docusate Sodium 100 mg. The instructions indicate take two tablets every 12 hours as needed for constipation. During the onsite inspection completed on 09/17/24, the medication was not onsite and available for review.
- Per Resident B's September 2024 medication administration record, he is prescribed Acetaminophen ER 650 mg. The instructions indicate take one tablet by mouth every 8 hours for pain. On 09/17/24, Resident B did not receive his dose at 1:00 am. The medication was in the bubble package.

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>(a) Be trained in the proper handling and administration of medication.</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(i) The medication.</p> <p>(ii) The dosage.</p> <p>(iii) Label instructions for use.</p> <p>(iv) Time to be administered.</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(vi) A resident's refusal to accept prescribed medication or procedures.</p>

- Resident A is prescribed Xarelto 10 mg. The instructions indicate take one tablet by mouth every day. Resident A takes the medication at 9:00 am. On 09/17/24, the medication was not administered to him. The medication was in the bubble pack. However, Resident A's medication administration record (MAR) was signed as to indicate that the medication was administered to him. According to direct care staff Dawn Connell, she forgot to pass the medication, but she initialed the MAR on 09/17/24, at 9:00 am, when she administered residents' medication.

REPEAT VIOLATION ESTABLISHED

Reference Special Investigation Report (AS630409577/ 2023A0465008) dated 01/31/2023; CAP dated 03/06/2023.

IV. RECOMMENDATION

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



09/17/2024

Johnna Cade
Licensing Consultant

Date