



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 16, 2024

Tatjana Savich
Novak Assisted Care Corporation
68453 Stoecker Lane
Richmond, MI 48062

RE: License #: AL500082088
Leisure Manor Residence For Srs
68453 Stoecker Lane
Richmond, MI 48062

Dear Ms. Savich:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

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

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

I. IDENTIFYING INFORMATION

License #:	AL500082088
Licensee Name:	Novak Assisted Care Corporation
Licensee Address:	68453 Stoecker Lane Richmond, MI 48062
Licensee Telephone #:	(248) 321-4526
Licensee/Licensee Designee:	Tatjana Savich
Administrator:	Tatjana Savich
Name of Facility:	Leisure Manor Residence For Srs
Facility Address:	68453 Stoecker Lane Richmond, MI 48062
Facility Telephone #:	(586) 430-5009
Original Issuance Date:	01/14/2000
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/14/2024

Date of Bureau of Fire Services Inspection if applicable: 04/29/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 17

No. of others interviewed 0 Role: [REDACTED]

- 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.
BFS approval 04/29/2024
- 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:
CAP date 08/19/2022- AL301(10), AL306(2), AL310(3), AL313(5), AL401(2),
AL410(1)(a) 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:

<p>R 400.15205</p>	<p>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</p>
	<p>(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.</p>
<p>Staff, Dakota Keller and Misty Murphy, did not have medical statements completed within 30 days of employment. Ms. Keller was hired on 07/01/2024 and medical statement was dated 08/07/2024. Ms. Murphy was hired on 01/22/2024 and medical statement was dated 02/24/2024.</p>	
<p>R 400.15205</p>	<p>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</p>
	<p>(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.</p>

Staff, Dakota Keller and Misty Murphy, did not have TB tests completed before employment. Ms. Keller was hired on 07/01/2024 and TB test was dated 08/10/2024. Ms. Murphy was hired on 01/22/2024 and TB test was dated 02/19/2024.

R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
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	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
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Resident A did not have health care appraisal completed on department form.

REPEAT VIOLATION ESTABLISHED Reference LSR dated 08/17/2022, CAP dated 08/19/2022

R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
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	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home. (b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.
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Resident A, Resident B and Resident C's assessment plans were not fully completed. The assessment plans did not include how all needs/activities identified will be met.	
R 400.15306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.
Assistive devices were not listed in resident assessment plans. Resident A did not have use of wheelchair, walker, toilet chair and shower chair listed in assessment plan. Resident B did not have use of toilet raiser, shower chair and bed alarm in assessment plan. Resident C did not have use of wheelchair, hospital bed, ½ rails and shower chair listed in assessment plan.	
REPEAT VIOLATION ESTABLISHED Reference LSR dated 08/17/2022, CAP dated 08/19/2022	
R 400.15312	Resident medications.
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.
Resident B had Guaifenesin 100 mg in medication cart. The medication was not listed on his medication log. The medication should be disposed of after consultation with physician/pharmacist if no longer needed or added to medication log.	
R 400.15313	Resident nutrition.
	(5) Records of menus, including special diets, as served shall be provided upon request by the department.
The home did not have record of diabetic menus as served. The menus provided had section for diabetic meals served, however, the section was not completed daily or for all meals.	
REPEAT VIOLATION ESTABLISHED Reference LSR dated 08/17/2022, CAP dated 08/19/2022	

IV. RECOMMENDATION

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

Kristine Cilluffo

08/16/2024

Kristine Cilluffo
Licensing Consultant

Date