



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 29, 2024

Daniela Cleminte  
Daniela's Serenity Care LLC  
1278 Leon  
Walled Lake, MI 48390

RE: License #: AS630381180  
**Daniela Serenity Care II**  
**1286 Leon**  
**Walled Lake, MI 48390**

Dear Daniela Cleminte:

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 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 "Frodet Dawisha".

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**

<b>License #:</b>	AS630381180
<b>Licensee Name:</b>	Daniela's Serenity Care LLC
<b>Licensee Address:</b>	1278 Leon Walled Lake, MI 48390
<b>Licensee Telephone #:</b>	(248) 739-1964
<b>Administrator/Licensee Designee:</b>	Daniela Cleminte
<b>Name of Facility:</b>	Daniela Serenity Care II
<b>Facility Address:</b>	1286 Leon Walled Lake, MI 48390
<b>Facility Telephone #:</b>	(248) 739-1964
<b>Original Issuance Date:</b>	05/12/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/28/2024

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: licensee designee

- 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:

<b>R 400.14312</b>	<b>Resident medications.</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) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (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 10/28/2024, I reviewed Resident A's medications and medication logs and found the following errors:

- Alprazolam 0.5MG Tab: take one tablet by mouth daily was not on the medication log and had the following information missing; the medication, the dosage, label instructions for use, time to be administered, and the initials of the staff that passed this medication from 10/19/2024-10/27/2024.
- Promethazine 12.5MG: take one tablet four times daily was given at 12PM on 05/30/2024 and on 05/31/2024, but staff did not initial the medication log.

**REPEAT VIOLATION ESTABLISHED: LSR dated 11/01/2022 and CAP dated 11/01/2022**

### IV. RECOMMENDATION

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



10/29/2024

Frodet Dawisha  
Licensing Consultant

Date