



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 7, 2024

Ryan Goleski
The Haworth Center
30301 W. 13 Mile Road
Farmington Hills, MI 48334

RE: License #: AH630236793

Dear Licensee:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 home for the aged authorized representative and a date.

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 feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License#:	AH630236793
Licensee Name:	Detroit Baptist Manor
Licensee Address:	30301 W 13 Mile Rd. Farmington Hills, MI 48334
Licensee Telephone #:	(810) 626-6100
Authorized Representative:	Ryan Goleski
Name of Facility:	The Haworth Center
Facility Address:	30225 13 Mile Road Farmington Hills, MI 48334
Facility Telephone #:	(248) 539-3131
Original Issuance Date:	05/09/1999
Capacity:	59
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/06/2024

Date of Bureau of Fire Services Inspection if applicable: 04/11/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 11/06/2024

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 28

No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(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.
Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A-
Special investigations completed since the last onsite licensure survey were all full compliance.
- Number of excluded employees followed up? 3 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following homes for the aged administrative rules:	
R 325.1923	Employee's health.
	(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.
<p>Initial TB testing was not complete for Employees 2, 3, 4, 5 and 6. Employee 1 reported that she was completing the annual TB risk assessments on each employee, but was not ensuring TB screens were completed upon hire.</p> <p>REPEAT VIOLATION ESTABLISHED</p>	
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional. (3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following: (b) Complete an individual medication log that contains all of the following information:

	(v) The initials of the individual who administered the prescribed medication.
<p>Medication administration records were reviewed for the previous five weeks, and the following observations were made:</p> <p>Resident A missed a dose of atorvastatin on 10/3/24, 10/6/24, 10/19/24, 10/25/24 and 11/2/24. Resident A missed a dose of docusate on 10/13/24, 10/19/24, 10/25/24 and 11/2/24. Resident A missed a dose of folic acid on 10/13/24. Resident A missed one or more doses of gabapentin on 10/9/24, 10/13/24, 10/19/24, 10/21/24, 10/22/24, 10/23/24, 10/25/24, 10/26/24, 11/2/24 and 11/4/24. Resident A missed a dose of pantoprazole on 10/13/24, 10/19/24, 10/25/24 and 11/2/24. Resident A missed a dose of polyethylene glycol on 10/13/24. Resident A missed a dose of vitamin C on 10/3/24, 10/5/24, 10/6/24, 10/13/24, 10/19/24, 10/25/24 and 11/2/24. Resident A missed a dose of vitamin D3 on 10/13/24. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.</p> <p>Resident B missed a dose of diclofenac on 10/19/24, 10/25/24, 10/26/24, 11/2/24 and 11/4/24. Resident B missed a dose of metoprolol on 10/19/24, 10/25/24 and 11/2/24. Resident B missed a dose of calcium on 10/26/24 and 11/4/24. Resident B missed a dose of atorvastatin and levothyroxine on 11/2/24. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.</p> <p>Resident C missed one or more doses of acetaminophen on 10/3/24, 10/5/24, 10/6/24, 10/11/24, 10/13/24, 10/19/24, 10/20/24, 10/21/24, 10/22/24, 10/23/24, 10/24/24, 10/25/24 and 10/26/24. Resident C missed a dose of B-complex on 10/13/24, 10/26/24 and 11/2/24. Resident C missed a dose of calcium on 10/13/24, 10/19/24, 10/25/24, 10/26/24, 11/2/24 and 11/4/24. Resident C missed a dose of dorzolamide on 10/13/24, 10/19/24, 10/25/24, 10/26/24, 11/2/24 and 11/4/24. Resident C missed a dose of fiber on 10/13/24, 10/26/24 and 11/4/24. Resident C missed a dose of levothyroxine on 10/13/24, 10/26/24 and 11/4/24. Resident C missed a dose of losartan on 10/13/24, 10/26/24 and 11/4/24. Resident C missed a dose of quetiapine on 10/13/24, 10/26/24 and 11/4/24. Resident C missed a dose of sertraline on 10/3/24, 10/6/24, 10/19/24, 10/25/24 and 11/2/24. Resident C missed a dose of melatonin on 10/3/24, 10/6/24, 10/19/24, 10/25/24 and 11/2/24. Resident C missed a dose of vitamin D3 on 10/13/24, 10/26/24 and 11/4/24. Resident C missed a dose of trazodone on 10/3/24, 10/6/24, 10/19/24, 10/25/24 and 11/2/24. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.</p> <p>Resident D missed a dose of lorazepam on 10/11/24, 10/15/24, 10/17/24, 10/20/24, 10/22/24, 10/26/24 and 11/2/24. Resident D missed a dose of melatonin on 11/2/24. Resident D missed a dose of simvastatin on 11/2/24. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.</p>	

<p>Resident E missed a dose of atorvastatin, carbamazepine, hydroxyzine, metoprolol and pantoprazole on 10/26/24. Resident E missed a dose of clonazepam on 10/11/24, 10/15/24, 10/17/24, 10/20/24, 10/22/24 and 10/26/24. Atorvastatin and clonazepam were also missed for Resident E on 11/2/24. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.</p> <p>Resident F missed a dose of inhaler, latanoprost, lidocaine patch, magnesium and trazodone on 10/26/24 and missed an additional dose of trazodone on 11/2/24. Staff failed to document a reason for the missed doses and the MAR was left blank in all the above instances.</p>	
R 325.1976	Kitchen and dietary.
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.
<p>Perishable food items located in the refrigerator and freezer of the commercial kitchen were not properly labeled, dated or sealed. Examples of this include but are not limited to assorted produce, chicken strips, fruit salad and onion rings.</p>	
R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
<p>The facility's commercial dish machine uses heat to sanitize the dishes. Staff were unable to demonstrate that the temperature was being monitored or recorded to ensure the water is hot enough to safely clean the dishes.</p>	

IV. RECOMMENDATION

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



11/07/2024

Elizabeth Gregory-Weil
Licensing Consultant

Date