



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 18, 2024

Cynthia Ubah
Longer Life LLC
4625 Julius Blvd
Westland, MI 48186

RE: License #: AS820414226
Perfect Care Home
4625 Julius Blvd
Westland, MI 48186

Dear Mrs. Ubah:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, MSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #:	AS820414226
Licensee Name:	Longer Life LLC
Licensee Address:	4625 Julius Blvd Westland, MI 48186
Licensee Telephone #:	(734) 881-2688
Licensee/Licensee Designee:	Cynthia Ubah, Designee
Administrator:	Cynthia Ubah
Name of Facility:	Perfect Care Home
Facility Address:	4625 Julius Blvd Westland, MI 48186
Facility Telephone #:	(734) 709-5880
Original Issuance Date:	05/25/2023
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/08/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 00

No. of residents interviewed and/or observed 01

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Resident easily agitated.
- 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.
Breakfast served prior to my arrival.
- 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.

Observed Senna-S Stimulant tab 8.6-50MG with label instructions to take one(1) tablet by mouth daily was not signed out as having been administered on 8/29/24, 8/30/24, and 8/30/24. Mrs. Ubah reported the medication is a PRN (take as needed); however, the licensee's explanation is not consistent with the label instructions.

R 400.14312 Resident medications.

(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.**
- (vi) A resident's refusal to accept prescribed medication or procedures.**

Observed evening medication (8PM) was not signed out as having been administered on 5/31/24.

This is a **REPEAT VIOLATION**; see May 2024 Renewal LSR resulting in a provisional license.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(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.

Licensee did not complete an EVENING fire drill during the 3rd quarter.

This is a **REPEAT VIOLATION**; see May 2024 Renewal LSR resulting in a provisional license.

A corrective action plan was requested and approved on 11/08/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



11/18/24

Kara Robinson
Licensing Consultant

Date