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GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

January 9, 2025

Michael Fields Advanced Teaching Concepts Inc P.O. Box 158 South Lyon, MI 48178

RE: License #: AS630087198

Novi Oaks 24701 Dinser Novi, MI 48374

Dear Michael Fields:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd. Ste 9-100 Detroit, MI 48202 (248) 296-2783

Kisten Donnay

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

I. IDENTIFYING INFORMATION

License #:	AS630087198
Licensee Name:	Advanced Teaching Concepts Inc
Licensee Address:	60674 Russell Lane
	South Lyon, MI 48178
Licensee Telephone #:	(248) 486-5368
Licensee Designee:	Michael Fields
Name of Facility:	Novi Oaks
	0.1701.70
Facility Address:	24701 Dinser
	Novi, MI 48374
Facility Telephone #:	(248) 449-3119
Original Issuance Date:	03/20/2000
0	
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 09/18/2024
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date	e of Environmental/Health Inspection if applicable: 01/09/2025
No.	of staff interviewed and/or observed 2 of residents interviewed and/or observed 5 of others interviewed 2 Role: Lic. Desig/Prog. Mgr.
•	Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.
•	Fire safety equipment and practices observed? Yes \boxtimes No \square 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 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the onsite inspection, there were no physician authorizations on file for Resident J's Hoyer Lift and Resident D's hospital bed and bed rails.

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.

During a review of the medication administration records and medications for Resident J and Resident D, the following was noted:

- Resident J's June 2024 medication administration record (MAR) was not initialed for the 4:00pm or 9:00pm medications on 06/23/24.
- Resident J's September 2024 MAR was not initialed for Dhs Tar Gel 0.5%
 Shampoo apply once daily as directed from 09/01/24-9/17/24.
- Resident J's September 2024 MAR was not initialed for Ammonium Lac Lotion 12%- apply topically to knee and leg daily from 09/01/24-09/17/24.
- Resident J's September 2024 MAR was not initialed for the 4:00pm or 8:00pm dose of Acetaminophen 325 Tab- take 2 by PEG tube 3x daily on 09/13/24.
- Resident J's September 2024 MAR was initialed for the 7:00am dose of Acetaminophen 325 Tab- take 2 by PEG tube 3x daily on 09/18/24, but the medication was not available in the home. Staff stated that the medication was only prescribed for 10 days, and the last dose was administered the prior day. The medication was not discontinued on the MAR.

- Resident D's June 2024 MAR was not initialed for Ventolin Hfa Aer- inhale 2 puffs by mouth three times daily at 1:00pm and 8:00pm on 06/23/24, 06/29/24, or 06/30/24
- Resident D's June 2024 MAR was not initialed for the 8:00am dose of Cetirizine HCL 10mg tab on 06/27/24.
- Resident D's June 2024 MAR was not initialed for the 8:00am dose of Aspirin Low Dose Chew 81mg on 06/16/24.
- Resident D's July 2024 MAR was not initialed at 8:00pm on 07/31/24 for Dorzol/Timol Sol.- instill one drop in the right eye twice daily.
- Resident D's July 2024 MAR was not initialed for the 7:00am dose of Risperidone 1mg tab- take 1 tablet by mouth daily on 07/30/24.

REPEAT VIOLATION ESTABLISHED Renewal Licensing Study Report Dated: 09/20/22; CAP Dated: 09/20/22

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: (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

- During the onsite inspection, Resident J's September 2024 MAR listed
 Acetaminophen 325 Tab- take 2 by PEG tube 3x daily beginning on 09/08/24.
 The medication could not be located in the home during the onsite inspection.
 Staff stated that the medication was only prescribed for 10 days, and the last
 dose was administered the prior day. The medication was not discontinued on
 the MAR. There were no written instructions or orders from the doctor stating
 that the medication was discontinued and/or only prescribed for 10 days.
- The instructions to take medications by mouth were crossed out on Resident J's MAR and staff wrote by "PEG tube" on the MAR. The label instructions on the medications still said, "by mouth." The home manager stated that all of Resident J's medications are crushed, or the capsules are opened, and they are mixed with liquid and administered via PEG tube. There were no orders from the doctor or written instructions to specify that the medications could be crushed and administered via PEG tube.

R 400.14401	Environmental health.
	(1) Private water systems shall be in compliance with R 325.10101 et seq. of the Michigan Administrative Code. A bacteriological report confirming water quality shall be required during the initial inspection and every 2 years thereafter. Group homes that use a community approved water system need not be in compliance with this requirement.

On 01/09/2025, an environmental health inspection report was received from the Oakland County Health Department with a "D-rating" noting that the facility is in substantial non-compliance with the applicable rules. The water samples consistently tested positive for the presence of coliform bacteria. The report notes that the facility must sanitize/repair the well/plumbing system to provide bacteria free water. The report also notes that there is no pressure relief valve at the pressure tank. This should be installed at the time of major repair or replacement of the well.

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, a six-month provisional license is recommended.

01/09/2025

Kristen Donnay Licensing Consultant

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Date