



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 14, 2025

Michael Kruckeberg
Essence Memory Care LLC
981 N Mill St
Plymouth, MI 48170

RE: License #: AS630418131
Essence Memory Care LLC
20800 E Chigwidden St
Northville, MI 48167

Dear Michael Kruckeberg:

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,

A handwritten signature in dark ink, reading "Frodet Dawisha". The signature is written in a cursive, flowing style.

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

License #:	AS630418131
Licensee Name:	Essence Memory Care LLC
Licensee Address:	981 N Mill St Plymouth, MI 48170
Licensee Telephone #:	(248) 321-2430
Licensee/Licensee Designee:	Michael Kruckeberg, Designee
Name of Facility:	Essence Memory Care LLC
Facility Address:	20800 E Chigwidden St Northville, MI 48167
Facility Telephone #:	(248) 321-2430
Original Issuance Date:	09/19/2024
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2025

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 1

No. of residents interviewed and/or observed 5

No. of others interviewed Role:

- 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:

R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements.

During the on-site inspection on 04/08/2025, direct care staff Nicholas Allen hired on 10/30/2024 did not have his reporting requirements training completed.

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 on-site inspection on 04/08/2025, Resident B did not have a written authorization for the wheelchair by a licensed physician stating the reason for this therapeutic support and the term of the authorization.

R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

During the on-site inspection on 04/08/2025, I reviewed Resident B's medications and found the following error:

- **Zinc Oxide Ointment** was not kept in the original pharmacy-supplied container nor was there a label for specifying this was for Resident B.

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the on-site inspection on 04/08/2025, I reviewed Resident A's and Resident B's medications and medication logs and found the following errors:

- Resident A's **Calmoseptine**: Apply one application twice a day by topical route for 14 days and then twice a day as needed after initial 14 days was not applied pursuant to label instructions. This medication was only applied once a day at 8PM from 02/10/2025-02/14/2025.
- Resident A's **Acetaminophen 325**: Take two tablets by mouth every six hours for 14 days was not given pursuant to label instructions. This medication was given only at 8AM, 2PM, and 8PM from 03/26/2025-03/31/2025. It was not given at all at 2AM.
- Resident B's **Amlodipine Besylate 10MG**: Take one tablet by mouth daily but hold if blood pressure is less than 110. Resident B's blood pressure was not taken on 02/21/2025, 02/22/2025, and 02/23/2025 to determine if this medication should be given pursuant to label instructions.

R 400.14312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(iii) Label instructions for use.</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>

During the on-site inspection on 04/08/2025, I reviewed Resident A's and Resident B's medications and medication logs and found the following errors:

- Resident A's **Acetaminophen 325MG** (Tylenol) did not have label instructions for use on the medication log for February 2025.
- Resident A's **Gabapentin 300MG**: Take one capsule by mouth at bedtime for neuropathy was given at 8PM by direct care staff Brittany on 02/15/2025 and on 02/17/2025 according to the January 2025 staff schedule; however, direct care staff Zeinab's initials were on the medication log. Zeinab did not work 8PM on 02/15/2025 nor on 02/17/2025.
- Resident B's **Calmoseptine**: Apply one application twice a day by topical route for 14 days and then twice a day as needed after initial 14 days was applied at 2PM and again at 8PM but staff did not initial the medication log on 03/24/2025.
- Resident B's **Zinc Oxide Ointment**: apply three times daily was applied at 8AM from 03/03/2025-03/07/2025 but the initials on those days were crossed out.

REPEAT VIOLATION ESTABLISHED: Confirming letter dated 01/30/2025; CAP dated 02/25/2025

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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the on-site inspection on 04/08/2025, I reviewed Resident A's medications and medication logs and found the following errors:

- **Acetaminophen 325 Tylenol:** was given as an as needed medication on 02/13/2025, 02/23/2025, 02/28/2025, 03/05/2025, and 03/14/2025 but staff did not record the reason for this as needed medication.
- **Albuterol Inhaler:** inhale two puffs every six hours as needed for wheezing-may self-administer was given and not recorded on these dates (once) 02/14/2025, (twice) 02/15/2025, (twice) 02/17/2025, (twice) 02/21/2025, (once) 02/23/2025, (twice) 03/07/2025, (twice) 03/14/2025, (twice, but only once recorded) on 03/19/2025 and 03/23/2025.
- **Ipratropium:** spray two sprays twice a day as needed was sprayed on 03/13/2025, but staff did not record the reason for this as needed medication.

REPEAT VIOLATION ESTABLISHED: Confirming letter dated 01/30/2025; CAP dated 02/25/2025

R 400.14315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the on-site inspection on 04/08/2025, Resident B's fund's part I form was incomplete and not signed by the licensee designee Michael Kruckeberg.

R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the on-site inspection on 04/08/2025, the hot water was outside the safe range of 105°-120° Fahrenheit in the half bathroom (125.1°), hallway bathroom (124.9°) and in the bathroom located in bedroom #4 (122.7°).

REPEAT VIOLATION ESTABLISHED: Confirming letter dated 01/30/2025; CAP dated 02/25/2025

R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.


During the on-site inspection on 04/08/2025, bedroom # 1 and bedroom #3 window blinds were broken.

R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.
	(6) For new construction, conversions, and changes of category, approved smoke detectors shall be installed in accordance with the requirements contained in the publication of the national fire protection association entitled "NFPA 101, Life Safety Code, 1988," shall be powered from the building's electrical system, and, when activated, shall initiate an alarm that is audible in all sleeping rooms with the door closed. Detectors shall be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional detectors shall be installed in living rooms, dens, dayrooms, and similar spaces.

During the on-site inspection on 04/08/2025, the two hardwired smoke detectors were not working when activated.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



04/14/2025

Frodet Dawisha
Licensing Consultant

Date