



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 5, 2025

Amitkumar Kalasariya
Caring Professionals LLC
73 Birchwood
Troy, MI 48083

RE: License #: AS500408403
Investigation #: 2025A0604005
Caring Professionals AFC Home

Dear Mr. Kalasariya:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS500408403
Investigation #:	2025A0604005
Complaint Receipt Date:	03/13/2025
Investigation Initiation Date:	03/14/2025
Report Due Date:	05/12/2025
Licensee Name:	Caring Professionals LLC
Licensee Address:	40150 Sara Rose Clinton Twp, MI 48038
Licensee Telephone #:	(586) 224-9909
Administrator:	Amitkumar Kalasariya
Licensee Designee:	Amitkumar Kalasariya
Name of Facility:	Caring Professionals AFC Home
Facility Address:	40150 Sara Rose Clinton Twp, MI 48038
Facility Telephone #:	(586) 224-9909
Original Issuance Date:	01/26/2022
License Status:	REGULAR
Effective Date:	07/26/2024
Expiration Date:	07/25/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident is not receiving their pain medications.	No
Additional Findings	Yes

III. METHODOLOGY

03/13/2025	Special Investigation Intake 2025A0604005
03/14/2025	Special Investigation Initiated - On Site Completed unannounced onsite investigation. Interviewed Home Manager, Adia Jenkins, Staff, Ernestine Greene, Resident A, Resident B, Resident C, Resident D, Resident E and Relative 1
03/14/2025	Contact - Document Sent Email to Licensee Designee, Amitkumar Kalasariya requesting resident medication logs
03/14/2025	APS Referral Made referral to Adult Protective Services (APS)
03/14/2025	Contact - Document Received Received return email from Amitkuma Kalasariya
03/17/2025	Contact - Telephone call received Returned call from APS Worker, Vernece Warren. She interviewed residents and staff today and found no concerns at home.
03/18/2025	Contact - Document Received Received email from APS Worker, Vernece Warren. Sent return email.
03/20/2025	Contact - Document Received Received medication administration records by email from licensee
03/20/2025	Contact - Document Sent Sent return email to licensee
04/30/2025	Contact- Document Sent Email to Amitkumar Kalasariya requesting additional information
05/02/2025	Contact- Document Received Email to and from licensee, Amitkumar Kalasariya

05/06/2025	Contact- Document Sent Email to licensee requesting additional information. Received return emails with fire drills and resident register
05/07/2025	Contact- Document Sent Email to and from licensee. Received emergency procedures by email.
05/07/2025	Contact- Telephone call made TC to Corso Care Hospice
05/07/2025	Contact- Telephone call made TC to Beaumont Hospice Nurse, Lizzie. Left message and received return call.
05/08/2025	Exit Conference Completed exit conference with Licensee Designee, Amitkumar Kalasariya by phone. Sent email with technical assistance re: fire drills

ALLEGATION: Resident is not receiving their pain medications.

INVESTIGATION:

I received a licensing complaint regarding the Caring Professionals AFC Home on 03/13/2025. The Complainant alleged that resident complains of pain during visits. Resident states they are not receiving any medications although prescribed morphine and Tylenol #3 for pain. Facility staff do not share information regarding when last dose was given. The resident alleged to not be receiving pain mediation is unknown.

I completed an unannounced onsite investigation on 03/14/2025. I interviewed Home Manager, Adia Jenkins, Staff Ernestine Greene, Resident A, Resident B, Resident C, Resident D, Resident E and Relative 1.

On 03/14/2025, I interviewed Home Manager, Adia Jenkins. Ms. Jenkins stated that she is not aware of any residents not receiving their pain medications. Ms. Jenkins indicated that Resident A and Resident B are in hospice and are prescribed morphine. Resident B has Fentanyl patches and Tylenol 3 for pain. I observed resident medications with Ms. Jenkins and both residents had morphine in the medication cart.

On 03/14/2025, I interviewed Staff, Ernestine Greene. She stated that she was not aware of any residents not receiving pain medications. She stated that it was only her 2nd day working at home.

On 03/14/2025, I interviewed Resident A. He indicated that he has no issues with not receiving pain medications. He stated that he has received morphine about three times. He would tell staff if he was in a lot of pain. Resident A is in hospice and is prescribed comfort pack medications as needed.

On 03/14/2025, I interviewed Resident B. He indicated that he is receiving his medication.

On 03/14/2025, I interviewed Resident C. He stated that he always gets his medication. He is prescribed Tylenol and has back pain. He did not have any concerns.

On 03/14/2025, I attempted to interview Resident D. He was unable to confirm if he was receiving his medication.

On 03/14/2025, I interviewed Resident E. He indicated that he is receiving all his medications. He stated that the house is adept at making sure they get their medications and are right on top of it. He indicated that this is one thing they are good at. Resident E stated that to his knowledge he does not take any pain medication. He did not report any concerns.

On 03/14/2025, I interviewed Relative 1. She was not aware of any issues with medications. She indicated that a hospice nurse comes to the home to provide care and checks resident's bed sore.

On 03/17/2025, I spoke to APS Worker, Vernece Warren, by phone. Ms. Warren indicated that she interviewed staff and residents at the home. She did not find any concerns.

On 03/20/2025, I received medication logs for Resident A and Resident B from Licensee Designee, Amitkumar Kalasariya, by email. I reviewed Resident A's medication logs for January 2025, February 2025 and March 2025. Resident A's medications are initiated as administered by staff and medication logs documents when he was out of facility and did not receive medications at home. Resident A's medication logs also indicate that he has taken Morphine three times as reported. He was given Morphine on 01/31/2025 and twice on 02/17/2025.

I reviewed Resident B's January 2025, February 2025 and March 2025 medication logs. Resident B's medications are initiated as administered by staff. Resident B's January 2025 medication log indicates he is prescribed Morphine and Acetaminophen #3 for pain as needed. His February 2025 medication log indicates that he is prescribed Acetaminophen #3 as needed for pain and that Morphine was discontinued. Resident B's March 2025 medication log indicates that he continues to be prescribed Acetaminophen #3 for pain and no longer lists Morphine. On 03/14/2025, I observed Morphine in the home for Resident B.

On 05/06/2025, I received email from licensee, Amitkumar Kalasariya, regarding Resident B's morphine. Licensee indicated that discontinued medications were kept in the house for the referenced residents in accordance with directives from their hospice agency. The hospice agency informed them that these medications might need to be resumed in the near future, therefore, they were advised not to discard them. Licensee indicated that the medications were securely stored on-site while awaiting further instructions from the hospice agency.

On 05/07/2025, I interviewed Beaumont Hospice Nurse, Lizzie, by phone. She indicated she is nurse for Resident B and she or another nurse sees him weekly. She has not received any complaints or concerns regarding him not receiving medications. She stated that Resident B has Fentanyl patch and Tylenol for pain. He also has a standing order for morphine as part of his hospice comfort pack medications. The morphine can be kept in the home and the staff can contact nurse if they believe morphine needs to be administered. Nurse indicated that they have morphine listed for Resident B on their medication administration record.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	There is not enough information to determine that a resident in the home is in pain and not receiving pain medications from staff. Complainant alleged that a resident is in pain despite being prescribed Morphine and Tylenol #3. Resident A and Resident B were identified as residents who are prescribed Morphine. Resident B is also prescribed Acetaminophen (Tylenol) #3. Resident A and Resident B's medication logs indicated that their medications are being administered, and they have taken pain medications as needed. None of the residents interviewed reported not receiving their medications as prescribed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
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.
ANALYSIS:	On 03/14/2025, I observed that Resident B had morphine available in the home. Medication was not listed on his March 2025 medication log. On 05/07/2025, Beaumont Hospice Nurse, Lizzie, indicated that Resident B continues to have standing order for morphine as part of his hospice comfort pack. Resident B's comfort pack medications should be added to his medication log.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14312	Resident medications.
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.
ANALYSIS:	Resident B had morphine in the home that was not listed on March 2025 medication log. Resident B's February 2025 medication log indicated that morphine was discontinued. On 05/07/2025, Beaumont Hospice Nurse, Lizzie, indicated that Resident B continues to have standing order for morphine.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

On 03/14/2025, I interviewed Relative 1. Relative 1 indicated that she was not aware of emergency procedures, or any fire drills being completed at the home. Resident A also stated that he has not participated in any fire drills since residing in the home. Resident register indicates that Resident A has been placed in the home since 10/24/2022.

On 05/06/2025, I received 2024 and 2025 fire drill records from licensee by email. Three drills are being completed for each quarter and the average evacuation time is between two to three minutes. Fire drill records do not indicate which residents were evacuated during drills.

On 05/07/2025, I received a copy of emergency procedures for Caring Professionals by email. The plan includes instructions for fire, tornado, medical emergencies and non-medical emergencies. The fire plan includes instructions for evacuation. Licensee indicated in email that all residents are evacuated during fire drills.

I completed an exit conference with Licensee Designee, Amitkumar Kalasariya, by phone on 05/08/2025. I informed him of the violations found and that a copy of the special investigation report would be mailed once approved. I also informed him that a corrective action plan would be requested. Mr. Kalasariya indicated that he has completed three to four fire drills in the last year where all residents have been evacuated. He indicated that sometimes residents that are more bedbound may have evacuation procedure explained to them. He also completes fire drills when new staff are hired. Mr. Kalasariya indicated that he would contact pharmacy regarding correcting Resident B's medication log. I also sent email to Mr. Kalasariya with technical assistance manual information regarding fire drills.

APPLICABLE RULE	
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.
ANALYSIS:	<p>Relative 1 and Resident A indicated that they are not aware of fire drills being completed in the home or emergency procedures. On 05/06/2025, I received 2024 and 2025 fire drill records from licensee by email. Fire drill records indicate that three drills are being completed for each quarter and the average evacuation time is between two to three minutes.</p> <p>Licensee should ensure that all residents are participating in fire drills and being evacuated during fire drills. Also, all residents should be aware of emergency procedures for the home.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in license status.

Kristine Cilluffo

05/08/2025

Kristine Cilluffo
Licensing Consultant

Date

Approved By:

Jay Caluverts

For

06/05/2025

Denise Y. Nunn
Area Manager

Date