

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 24, 2025

Mashal Bajpai Tendercare, LLC 5150 Great Foster Drive Rochester, MI 48306

RE: License #: AS630391415

Tendercare 2510 Orion Road Oakland, MI 48363

Dear Mrs. Bajpai:

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.

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 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) 972-9136.

Sincerely,

Stephanie Gonzalez, LCSW

Stephanie Donzalez

Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100

Detroit, MI 48202 Cell: 248-308-6012 Fax: 517-763-0204

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

I. IDENTIFYING INFORMATION

License #: AS630391415

Licensee Name: Tendercare, LLC

Licensee Address: 5150 Great Foster Drive

Rochester, MI 48306

Licensee Telephone #: (248) 860-8818

Licensee/Licensee Designee: Mashal Bajpai

Administrator: Mashal Bajpai

Name of Facility: Tendercare

Facility Address: 2510 Orion Road

Oakland, MI 48363

Facility Telephone #: (248) 860-8818

Original Issuance Date: 02/12/2019

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGED

ALZHEIMERS

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 09/09/2 | 025 |
|------|---|-----------|---------------------------------|
| Date | e of Bureau of Fire Services Inspection if appl | licable: | N/A |
| Date | e of Health Authority Inspection if applicable: | | 05/20/2025 |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: LD/Adm | in | 3 5 |
| • | Medication pass / simulated pass observed? | Yes ⊠ | No ☐ If no, explain. |
| • | Medication(s) and medication record(s) review | ewed? Y | ′es ⊠ No □ 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, ex | xplain. | |
| • | Fire safety equipment and practices observe | d? Yes | ⊠ No □ If no, explain. |
| • | E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [| • | |
| • | Incident report follow-up? Yes ⊠ No ☐ If | no, expla | ain. |
| • | Corrective action plan compliance verified? N/A Number of excluded employees followed-up? | | CAP date/s and rule/s: 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.

(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 onsite renewal inspection, I observed the following:

Five pre-set medication containers, each containing a 14-day supply of daily medication for Resident's A, B, C, D and E. These containers were not the original pharmacy containers for each resident's prescribed medication. Licensee designee/administrator, Mashal Bajpai, acknowledged that she has been presetting resident's prescribed medication for approximately five days.

Five small plastic cups on top of the medication cart, labeled with Resident's A, B, C, D and E's first names in pen. These five cups contained a variety of mixed prescription pills that were not labeled and were not in the original pharmacy containers.

One small paper cup, non-labeled, and containing five Senna Laxatives that are prescribed to Resident A. Ms. Bajpai stated that these pills are medications that were removed from the original containers and pre-set earlier this week, but due to Resident A not needing these PRN medications, the pills were left in the paper cup, as a "medication hold."

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.

The medication cart contained the following expired and/or discontinued medication:

Resident B:

- Acyclovir 5% Ointment; Expired on 11/14/2023
- Nystatin 60 gm #1: Expired on 3/4/2025
- Nystatin 60 gm #2: Expired on 5/20/2025
- Nystatin 60 gm #3: Expired on 6/2/2025
- Nystatin 60 gm #4: Expired on 6/15/2025
- Nystatin 60 gm #5: Expired on 8/10/2025
- Nystatin 60 gm #6: Expired on 8/23/2025
- Nystatin 60 gm #7: Expired on 9/7/2025

Resident C:

- Diclofenac 1% Topical Gel; Expired 2/17/2024
- Lisinopril HCTZ 20-25 mg; Discontinued on 5/8/2025

Resident E:

Calcitriol Caps 0.25mg; Expired on 4/23/2025

Resident F:

 Lancet 30g strips; Expired 6/1/2024; Resident F was discharged from the facility on 7/30/2024

Resident G:

 Erythromycin 0.5% Eye Drops; Expired 8/16/2023; Resident G was discharged from the facility on 7/14/2025

Resident H:

- Erythromycin 0.5% Eye Drops; Expired 2/3/2022; Resident H was discharged from the facility on 4/23/2025
- Ketotif FUM Drop 0.025%; Expired on 1/28/2025

Resident I:

 Triamcinolone 0.1% Cream; Expired 3/20/2024; Resident I was discharged from the facility on 6/17/2023

On 9/9/2025, I conducted an exit conference with licensee designee/administrator, Mashal Bajpai, while onsite at the facility. Ms. Bajpai stated, "I did not know that I could not preset medication for residents. I started doing this five days ago as a way to prevent medication errors. I have been coming into the facility and presetting the medications myself. I did not know that all medication has to remain in the original containers. I also have not disposed of expired or discontinued medication. I have been meaning to and just have not done it yet." When asked about the lost

medications found in the bottom of the medication cart, Ms. Bajpai stated, "Sometimes when staff go to pop out a medication, it can fall into the medication cart, and they can't find it. Those pills are likely pills that staff dropped when passing medication. I apologize and will correct all of these things immediately." Ms. Bajpai acknowledged the medication errors and rule violations in this report are accurate. Ms. Bajpai stated she is in agreement with the recommendation of a six-month provisional license.

IV. RECOMMENDATION

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

| Stephanie Donzalez 9/19/202 | 5 |
|--|------|
| Stephanie Gonzalez Licensing Consultant | Date |
| Alenine 4. Munn 09/24/25 | |
| Denise Y. Nunn Area Manager | Date |