



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 9, 2025

Amitkumar Kalasariya  
Caring Professionals LLC  
73 Birchwood  
Troy, MI 48083

RE: License #: AS500408403  
Investigation #: 2025A0604022  
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.

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.

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.

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**

<b>License #:</b>	AS500408403
<b>Investigation #:</b>	2025A0604022
<b>Complaint Receipt Date:</b>	08/11/2025
<b>Investigation Initiation Date:</b>	08/11/2025
<b>Report Due Date:</b>	10/10/2025
<b>Licensee Name:</b>	Caring Professionals LLC
<b>Licensee Address:</b>	40150 Sara Rose Clinton Twp, MI 48038
<b>Licensee Telephone #:</b>	(586) 224-9909
<b>Administrator:</b>	Amitkumar Kalasariya
<b>Licensee Designee:</b>	Amitkumar Kalasariya
<b>Name of Facility:</b>	Caring Professionals AFC Home
<b>Facility Address:</b>	40150 Sara Rose Clinton Twp, MI 48038
<b>Facility Telephone #:</b>	(586) 224-9909
<b>Original Issuance Date:</b>	01/26/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/26/2024
<b>Expiration Date:</b>	07/25/2026
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Facility staff have failed background checks and work without proper documentation.	Yes
Relative 1 was left alone with residents.	No
Resident B is getting two Norcos instead of one prescribed.	Yes
Resident A and Resident B have medications in their bedrooms.	No
There have been multiple medication errors. Medications are given earlier than prescribed. Resident was given another resident's morphine.	No
Residents are being admitted without proper paperwork or medications.	Yes
Refrigerator was broken for over a week.	No
Resident F was given food with NPO order and found non-responsive.	No
Staff Rey, drives residents with no insurance on vehicle.	Yes
One fire drill has been completed in the last 13 months.	Yes

## III. METHODOLOGY

08/11/2025	Special Investigation Intake 2025A0604022
08/11/2025	APS Referral Referral to Adult Protective Services (APS). Referral denied
08/11/2025	Special Investigation Initiated - Letter Referral submitted to APS
08/12/2025	Inspection Completed On-site Completed unannounced onsite investigation. I interviewed Staff, Michelle Thomas, Reynaldo Espanola, Resident A, Resident B, Resident C, Resident D and Relative 1.
08/12/2025	Contact - Telephone call received TCs to and from Amitkumar Kalasariya. Addressed staff clearances and training. Mr. Kalasariya stated he addressed medication issue and notified staff. He is considering closing homes.
08/12/2025	Contact - Document Sent Email to and from licensee, Amitkumar Kalasariya. Received employee records by email.

08/12/2025	APS Referral Second referral to APS. Referral denied
08/13/2025	Contact- Telephone call received Received message from Michelle Thomas
08/13/2025	Contact- Document Received Emails from Caring Professionals with employee records. Sent return email.
08/14/2025	Contact- Document Received Email from Caring Professionals with Staff, Reynaldo Espanola's clearance dated 08/14/2025.
08/21/2025	Contact- Document Received Email from Amitkumar Kalasariya
08/22/2025	Contact- Document Received Email from Amitkumar Kalasariya with staff clearances
08/26/2025	Contact- Document Sent Email to Amitkumar Kalasariya
08/30/2025	Contact- Document Received Email from Amitkumar Kalasariya with employee records
09/06/2025	Contact- Document Received Email from Amitkumar Kalasariya with employee, resident and home records.
09/08/2025	Contact- Document Received Email from Amitkumar Kalasariya. Sent return email
09/09/2025	Contact- Document Received Email from Amitkumar Kalasariya
10/09/2025	Contact- Document Received Email from Amitkumar Kalasariya. Caring Professionals plans to transition home to Serenity Homes. Sent return email.
10/10/2025	Contact- Document Received Email from licensee. Plans to retire from group home venture
10/29/2025	Contact- Document Sent Email to Amitkumar Kalasariya. I requested additional information.

11/04/2025	Contact- Document Received Emails from Caring Professionals
11/05/2025	Contact- Document Sent Email to and from Amitkumar Kalasariya
11/06/2025	Contact- Document Sent Email to Amitkumar Kalasariya
11/09/2025	Contact- Document Received Email from Amitkumar Kalasariya
11/10/2025	Contact- Document Received Email from Amitkumar Kalasariya. Sent text message from doctor. Sent return email
11/12/2025	Contact- Document Sent Email to APS Worker, Emily Poley. Email from Emily Poley. Both APS referrals denied.
11/12/2025	Contact- Document Sent Sent email to Amitkumar Kalasariya. Sent another request for copy of resident register.
11/13/2025	Contact- Document Received Received copy of resident register by email from licensee. Sent return email.
11/13/2025	Contact- Document Sent Email to Emily Poley
11/24/2025	Exit Conference I completed an exit conference with licensee designee, Amitkumar "Yogi" Kalasariya. Sent email to licensee with findings and recommendation. Requested updated regarding plan to sell home.

**ALLEGATION:**

**Facility staff have failed background checks and work without proper documentation.**

**INVESTIGATION:**

I received a licensing complaint regarding the Caring Professionals AFC Home on 08/11/2025. It was alleged that there have been multiple medication errors, with

narcotics being wrongly dispensed. Medications are not being popped correctly from the blister packs. Resident B is supposed to get one Norco per the doctor's orders and the owner has told staff that they can give him two if they want. The medication errors have been continuously overlooked. The refrigerator was broken for over a week. They were still storing food in the freezer, despite not keeping the food cold. The residents were still served this food. Amitkumar "Yogi" Kalasariya the owner, was giving medications earlier than they are supposed to be. He is allowing residents to move in without the proper paperwork and medications. Resident F was moved in and the next morning she was being served food because it was not documented that she was not supposed to be eating like the others. Before her arrival, she was in the hospital for three months, nothing per mouth (NPO). After the meal, she was non-responsive and had to go back to the hospital. Yogi has hired staff that failed their background checks and allows them to continue to work and pays them under the table. He does not have proper documentation for many of his staff, in which he alters the information before the renewal inspections. Yogi has another facility in Bloomfield, in which residents had beds full of ants. The residents were complaining of bites from the bugs in the bed. Yogi has asked the family of residents, specifically Resident A to watch the residents while he leaves to go get food. They left Relative 1 with all the residents to care for by herself. They allow the new resident to be driven around by Rey (a staff) without any insurance. Other staff and residents are not allowed to do this. The facility has only done one fire drill in the past 13 months, otherwise Yogi tells the staff to just sign the form as if they completed it. The residents have only actively participated in one fire drill in the past year in April. A resident was given the wrong morphine that was not prescribed to him. The amount given was for another resident of a different weight.

On 08/11/2025, I received additional information. It was alleged that Resident A and Resident B have medication in their rooms. They are allowing the resident to administer his own medication. Complainant has evidence of the staff on payroll that have failed background checks on her phone.

I completed an unannounced onsite investigation on 08/12/2025. I interviewed Staff, Michelle Thomas, Ray Espanola, Resident A, Resident B, Resident C, Resident D and Relative 1.

On 08/12/2025, I interviewed Staff Michelle Thomas. She stated that she has worked at Caring Professionals for one month. There are five residents in the home. Ms. Thomas stated that the other staff at the home are Rey, Michelle, Marie and Ernestine. The Manager, Yogi, schedules fingerprinting for staff. She indicated that she did not complete training at home but does have experience and current CPR/First Aid training. On 08/13/2025, I received a message from Ms. Thomas. She indicated that she did complete paperwork when hired that included training in packet and was confused during investigation.

On 08/12/2025, I interviewed Staff, Reynaldo Espanola. He stated that he has worked at Caring Professionals for three weeks. He is currently a live in staff and stays in the basement. He does not have current First Aid/CPR training but has experience working

and training at other homes. He has been working alone. Mr. Espanola did not have a workforce background check at the time of the investigation. A workforce background check was completed for Reynaldo Espanola on 08/13/2025. On 08/30/2025, I received verification that Mr. Espanola completed CPR/First Aid training on 08/13/2025.

On 08/12/2025, I spoke to licensee designee, Amitkumar Kalasariya, by phone and text. Mr. Kalasariya indicated that staff have been trained and he goes to the home every day. I informed Mr. Kalasariya, that clearance should be completed for Mr. Espanola immediately as he is residing in the home. Mr. Kalasariya texted me a copy of workforce background check applicant profile that indicated Mr. Espanola had been registered for fingerprinting on 07/14/2025. Profile indicates that fingerprinting submission is overdue for applicant and that fingerprints must be submitted immediately if the applicant is still working at facility or agency.

On 08/12/2025, I received copy of workforce background check eligibility letter for Michelle Thomas dated 07/14/2025 by text from Mr. Kalasariya. He texted copies of employee records for staff Michele Thomas, Reynaldo Espanola and Marie Besse. He sent eligibility letter for staff Marie Besse, for the Care and Comfort AFC Group Home dated 03/27/2025. An eligibility letter was located for Ms. Besse in the workforce background check system for the Caring Professionals AFC Home dated 08/21/2025. An eligibility letter was located for Ms. Ernestine Greene in the workforce background check system for the Caring Professionals AFC Home dated 08/21/2025.

NOTE: Mr. Kalasariya should no longer be acting as licensee designee for Care and Comfort AFC Group Home (AS500418411) due to settlement agreement dated 05/14/2024. The Care and Comfort AFC Group Home was previously licensed as Caring Professionals AFC Home 2 (AS500412987) and a settlement agreement was signed after a recommendation was made for refusal to renew the license. Mr. Kalasariya denied that he has continued to operate the Care and Comfort AFC Group Home.

On 08/12/2025, 08/30/2025 and 09/06/2025, licensee designee, Amitkumar Kalasariya emailed employee records for staff Ernestine Greene, Marie Besse, Michelle Thomas and Reynaldo Espanola which included applications, IDs, references, medical/TB tests, receipt of personnel polices/job descriptions and training records.

<b>APPLICABLE RULE</b>	
<b>MCL 400.713</b>	<b>License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections;</b>

	<p>report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.</p>
	<p>(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:</p> <p>(e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.</p>
<p><b>ANALYSIS:</b></p>	<p>On 08/12/2025, I completed an unannounced onsite investigation. Staff Reynaldo Espanola was living in the home. Mr. Espanola had not been fingerprinted for a workforce background check or previously reported as a household member. On 08/12/2025, Mr. Kalasariya texted me a copy of workforce background check applicant profile that indicated Mr. Espanola had been registered for fingerprinting on 07/14/2025. Profile indicated that fingerprinting submission was overdue for the applicant and that fingerprints must be submitted immediately if the applicant is still working at facility or agency.</p> <p>On 08/12/2025, Mr. Kalasariya also sent workforce background check eligibility letter for staff Marie Besse, for Care and Comfort AFC Group Home dated 03/27/2025. Mr. Kalasariya should no longer be acting as licensee designee for Care and Comfort AFC Group Home due to settlement agreement. Ms. Besse did not have workforce background check for Caring Professionals AFC Home until 08/21/2025. Staff Ernestine Greene did not have a workforce background check for the Caring Professionals AFC Home until 08/21/2025.</p>
<p><b>CONCLUSION:</b></p>	<p><b>VIOLATION ESTABLISHED</b></p>

<b>APPLICABLE RULE</b>	
<b>R 400.629</b>	<b>Direct care staff; qualifications and training.</b>
	<p><b>(5) 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 trained and competent in all of the following areas before performing assigned tasks independently:</b></p> <p><b>(b) First aid.</b></p> <p><b>(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.</b></p>
<b>ANALYSIS:</b>	On 08/12/2025, I completed an unannounced onsite investigation. Staff Reynaldo Espanola has been working alone and did not have current First Aid/CPR training. On 08/30/2025, I received verification that Mr. Espanola completed CPR/First Aid training on 08/13/2025.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.639</b>	<b>Staff records.</b>
	<p><b>(1) A licensee shall maintain a record for each staff that contains all of the following:</b></p> <p><b>(a) Name, address, telephone number, and Social Security number.</b></p> <p><b>(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.</b></p> <p><b>(c) Copy of a driver's license if staff provide transportation services.</b></p> <p><b>(d) Verification of age.</b></p> <p><b>(e) Verification of experience, highest level of education completed, and training.</b></p> <p><b>(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.</b></p> <p><b>(g) Beginning and ending dates of employment on separation.</b></p> <p><b>(h) Health information as required by these rules.</b></p> <p><b>(i) Verification of the receipt by the staff of personnel policies and job descriptions.</b></p>

<b>ANALYSIS:</b>	Caring Professionals AFC Home was able to provide employee records for staff. On 08/12/2025, 08/30/2025 and 09/06/2025, licensee designee, Amitkumar Kalasariya emailed employee records for staff Ernestine Greene, Marie Besse, Michelle Thomas and Reynaldo Espanola which included applications, IDs, references, medical/TB tests, receipt of personnel polices/job descriptions and training records.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION:**

**Relative 1 was left alone with residents.**

**INVESTIGATION:**

On 08/12/2025, I interviewed Relative 1. Relative 1 stated that she has never been left alone to care for residents. Resident A did not report residents being left alone with Relative 1.

On 08/12/2025, I interviewed Staff, Michelle Thomas. Ms. Thomas stated that residents are never left alone. She has never known residents to be left alone with Relative 1. Ms. Thomas stated that the other staff at the home are Rey, Marie and Ernestine.

On 08/12/2025, I interviewed Staff, Rey Espanola. Mr. Espanola stated that there are always staff at the home 24 hours a day.

<b>APPLICABLE RULE</b>	
<b>R 400.633</b>	<b>Staffing requirements.</b>
	<b>(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: (b) 12 residents for small group and family homes.</b>
<b>ANALYSIS:</b>	There is no information to determine residents have been left alone with Relative 1. On 08/12/2005, I interviewed Relative 1 and she stated that she has never been left alone with residents.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

## **ALLEGATION:**

- **Resident B is getting two Norcos instead of one prescribed.**
- **Resident A and Resident B have medications in their bedrooms.**
- **There have been multiple medication errors. Medications are given earlier than prescribed. Resident was given another resident's morphine.**
- **Residents are being admitted without proper paperwork or medications.**

## **INVESTIGATION:**

On 08/12/2025, I completed an unannounced onsite investigation. I observed medications locked in a medication cart in living room.

On 08/12/2025, I interviewed Staff, Michelle Thomas. Ms. Thomas stated that all medications are locked up in the medication cart. She stated that there are residents that receive medications at 8:00 am, 1:00 pm, 3:00 pm, 4:00 pm, 6:00 pm, 8:00 pm and as PRNs. Ms. Thomas stated that she is passing medications within the timeframes given. She stated that medications have been passed early when approved by hospice to give early or to give resident a PRN. Ms. Thomas stated that Resident B was given two Norcos instead of one with permission of Yogi and Resident B's wife. Resident B wanted another one. He is not on hospice. Ms. Thomas stated that she gave Resident B two Norcos yesterday. She did not have information about a resident receiving another resident's morphine. Ms. Thomas stated that she did not have information about residents being admitted without proper paperwork or medication.

On 08/12/2025, I interviewed staff Reynaldo Espanola. Mr. Espanola stated that there have not been any medication errors. Everything is on the resident medication administration records (MAR). He did not have any information regarding Resident B's Norco or a resident being given another resident's morphine.

On 08/12/2025, I interviewed Resident A. He has lived at the home for three years. Relative 1 was visiting Resident A at the time of investigation. Resident A and Relative 1 indicated that he is getting his medications as prescribed. They were not aware of any medication errors. Resident A does not have any medications in his bedroom.

On 08/12/2025, I interviewed Resident B. He stated that he has lived in the home for a month. It is going "ok". He stated that his wife visits. He is getting all his medications. He takes medication approximately every four hours. During the onsite inspection, staff attempted to pass Resident B's Norco. He wanted two pills and refused to take only one. He indicated that he is prescribed two. I advised staff to contact licensee immediately regarding contacting the medical provider for correct dosage. I also spoke to licensee designee, Amitkumar Kalasariya, by phone and requested that he immediately get confirmation of correct dosage. Resident B indicated that his medications are not kept in his room. He only has things like cough drops.

On 08/12/2025, I interviewed Resident C. He indicated that he has only lived at the home for a couple days and it is going alright. He is getting his medication as prescribed. He takes AM and PM medications. He had no concerns about the home.

On 08/12/2025, I interviewed Resident D. He stated that he has lived in the home since 2024. He stated that he is doing "ok" and it is no worse than any other place. Resident D stated that he takes his medication when given.

On 09/06/2025, I received July 2025 and August 2025 medication logs for Resident A, Resident B, Resident C, Resident D and Resident E. Medications are being initialed as given by staff and notes are included for medications that have not been administered by staff. Resident B's July 2025 medication log indicates that he is prescribed Hydrocodone-Apap- 5-325 (Norco), take 1 tablet by mouth every 6 hours as needed for pain. Resident B's August medication log indicates this dosage was discontinued on 08/29/2025. Medication log indicates that he was then prescribed Hydrocodone-Apap 10-325 (Norco)- take 1 tablet by mouth every 12 hours as needed. Date of prescription is 08/29/2025.

On 09/06/2025, I received a copy of the prescription for Resident B's Norco. The date on the prescription appears to be 08/10/2025 or 08/20/2025. The middle date is unable to be determined. The prescription states Norco- 5-325- 2 tablet PRN, times 1. On 11/10/2025, I received an email from Amitkumar Kalasriaya. He sent text that he reported was from doctor who indicated date on prescription is 08/10/2025. The prescription was not available in the home at time of onsite investigation on 08/12/2025.

Resident A's July 2025 medication log indicates he is prescribed morphine sulfate (Concentrate) 20 MG/ML- Give 0.25 ML by mouth every 2 hours as needed for pain. No doses were given in July 2025. His August 2025 medication log indicates he was given one dose of medication on 08/16/2025. Medication logs did not indicate that any other residents are currently prescribed morphine.

On 09/6/2025, I received resident records by email from licensee designee, Amitkumar Kalasariya for Resident A, Resident B, Resident C, Resident D and Resident E. Records included resident information records, resident care agreements, health care appraisals and assessment plans. Resident A's resident information record indicated that he was admitted to the home on 10/24/2022. He did not have a current health care appraisal or resident care agreement. His health care appraisal was dated 11/20/2023 and his resident care agreement was dated 10/11/2023. Resident C was admitted to the home on 07/28/2025. There was no date on his health care appraisal provided. Resident D was admitted to the home on 10/09/2023. He did not have a current health care appraisal or resident care agreement. His health care appraisal was dated 10/09/2023 and his resident care agreement was dated 10/06/2023. The resident register for Caring Professionals indicates that Resident E was admitted to the home on 04/22/2022. His resident information record indicates he was admitted to the home on 04/23/2023. He did not have a current health care appraisal or resident care agreement.

His health care appraisal was dated 06/13/2022 and his resident care agreement was dated 04/21/2023.

<b>APPLICABLE RULE</b>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.</b>
<b>ANALYSIS:</b>	There is not enough information at this time to determine that medications are given earlier than prescribed or that a resident was given another resident's morphine. Staff interviewed indicated that medications are being administered at correct times. On 09/06/2025, I received July 2025 and August 2025 medication logs for Resident A, Resident B, Resident C, Resident D and Resident E. Medications are being initiated as given by staff. Based on medication logs, Resident A is currently the only resident in the home prescribed Morphine.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

<b>APPLICABLE RULE</b>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.</b>
<b>ANALYSIS:</b>	On 08/12/2025, I completed an unannounced onsite investigation. I observed medications locked in a medication cart in living room. I did not observe any medications stored in Resident A and Resident B's bedrooms. Resident A and Resident B did not report keeping their medications in bedrooms.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

<b>APPLICABLE RULE</b>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<p><b>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</b></p> <p><b>(b) Complete an individual medication log that contains all of the following:</b></p> <p style="padding-left: 20px;"><b>(ii) Dosage.</b></p> <p><b>(e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, 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.</b></p>
<b>ANALYSIS:</b>	<p>On 08/12/2025, I interviewed staff Michelle Thomas. Ms. Thomas stated that Resident B was given two Norcos instead of one with permission of Yogi and Resident B's wife. Resident B wanted another one. Resident B's July 2025 medication log indicates that he is prescribed Hydrocodone-Apap- 5-325 (Norco), take 1 tablet by mouth every 6 hours as needed for pain. Resident B's August medication log indicates this dosage was discontinued on 08/29/2025. Medication log indicates that he was then prescribed Hydrocodone-Apap 10-325 (Norco)-take 1 tablet by mouth every 12 hours as needed. Date of prescription is 08/29/2025. On 09/06/2025, I received a copy of prescription for Resident B's Norco. The prescription states Norco- 5-325- 2 tablet PRN, times 1. The date on the prescription appears to be 08/10/2025 or 08/20/2025. On 11/10/2025, I received an email from Amitkumar Kalasriaya. He sent text that doctor indicated date on prescription is 08/10/2025. There was no prescription or any written instructions regarding Norco dosage change in home at the time of onsite investigation on 08/12/2025. Also, Resident A's August 2025 medication log does not reflect updated dosage of two tablets.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.691</b>	<b>Resident records.</b>
	<b>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: (b) Date of admission.</b>
<b>ANALYSIS:</b>	The resident register for Caring Professionals indicates that Resident E was admitted to the home on 04/22/2022. His resident information record indicates he was admitted to the home on 04/23/2023.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.</b>
<b>ANALYSIS:</b>	Resident A, Resident D and Resident E did not have current resident care agreements. Resident A's resident care agreement was dated 10/11/2023. Resident D's resident care agreement was dated 10/06/2023. Resident E's resident care agreement was dated 04/21/2023.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical</b>

	<b>discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.</b>
<b>ANALYSIS:</b>	Resident A, Resident D and Resident E did not have current health care appraisals. Resident A's health care appraisal was dated 11/20/2023. Resident D's health care appraisal was dated 10/09/2023. Resident E's health care appraisal was dated 06/13/2022. There was no date on his health care appraisal provided for Resident C.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Refrigerator was broken for over a week.**

**INVESTIGATION:**

On 08/12/2025, I completed an unannounced onsite investigation. During the onsite investigation, I observed the refrigerator to be in working condition. The refrigerator is equipped with a thermometer for the refrigerator and freezer. I did not observe any spoiled food in the home.

On 08/12/2025, I interviewed staff Michelle Thomas. She indicated that the refrigerator was broken for a few days, and a repair person came right out.

On 08/12/2025, I interviewed staff Rey Espanola. Mr. Espanola stated that the refrigerator was broken when home manager was there for a couple days. They had a backup refrigerator downstairs to use.

On 08/12/2025, I interviewed Resident A and Relative 1. They indicated there have been no issues with food at home.

On 08/12/2025, I interviewed Resident D. He stated that the food is satisfactory. They get breakfast, lunch and supper. Some staff could work in a restaurant, and some staff cook "ok".

<b>APPLICABLE RULE</b>	
<b>R 400.655</b>	<b>Food service.</b>
	<b>(4) Food must be stored at temperatures that will protect against spoilage. Cold foods must be stored at 40 degrees Fahrenheit or below and hot foods stored at 140 degrees Fahrenheit or above until served to residents, except during periods that are necessary for preparation.</b>
<b>ANALYSIS:</b>	On 08/12/2025, I observed that the refrigerator was in operating condition. Staff interviewed reported that the refrigerator was broken for a short period of time and repaired. The home has a second refrigerator available in the basement. No staff or residents interviewed reported spoiled food being served due to the refrigerator being broken.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident F was given food with NPO order and found non-responsive.**

**INVESTIGATION:**

On 08/12/2025, I completed an unannounced onsite investigation. I interviewed Staff, Michelle Thomas. Ms. Thomas stated that she does not know Resident F. They do not currently have a resident by Resident F's name.

On 11/05/2025, I received email from licensee designee, Amitkumar Kalasariya. He indicated that they did not and do not have a resident by Resident F's name at the home.

On 11/13/2025, I received copy of current resident register for Caring Professionals AFC home by email from the licensee. Resident F's name was not located on the resident register.

<b>APPLICABLE RULE</b>	
<b>R 400.671</b>	<b>Resident care.</b>
	<b>(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.</b>

<b>ANALYSIS:</b>	There is not enough information at this time to determine that Resident F was given food with NPO order and found non-responsive. Resident F is not listed on the resident register and is not currently a resident at the home.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION:**

**Staff Rey drives residents with no insurance on the vehicle.**

**INVESTIGATION:**

On 08/12/2025, I interviewed staff, Michelle Thomas. Ms. Thomas stated that she is unaware if Rey has used his vehicle to transport residents. She has never driven any residents in her vehicle.

On 08/12/2025, I interviewed staff, Reynaldo “Rey” Espanola. Mr. Espanola stated that he transported Resident C once to the bank for a rent check. He stated that he is also an Uber and Lyft driver and has car insurance. He believed that the allegations were being made because the home manager was let go last week.

On 08/12/2025, I received a copy of Reynaldo Espanola’s driver’s license by text from licensee designee, Amitkumar Kalasariya. The license was current and does not expire until 02/19/2028.

On 11/09/2025, I received an email from Caring Professionals. The licensee stated, “Please know that our group home does not permit or offer transportation to any resident. If this had happened, we would have no knowledge about this. If Rey had provided such transportation to any resident it must be outside the work schedule and must be their own understanding between Rey and that resident. This has nothing to do with house operations.”

<b>APPLICABLE RULE</b>	
<b>R 400.697</b>	<b>Resident transportation.</b>
	<p><b>(1) A licensee shall ensure the availability of transportation services as provided for in a resident care agreement. A licensee shall provide or arrange transportation for residents in a certified facility.</b></p> <p><b>(2) A licensee shall ensure all of the following when providing transportation services:</b></p> <p><b>(a) The vehicle is in good operating condition and insured.</b></p>

<b>ANALYSIS:</b>	On 08/12/2025, I interviewed Staff, Reynaldo Espanola. Mr. Espanola stated that he did provide transportation for Resident C on one occasion in his vehicle. The licensee indicated that they do not provide transportation and had no knowledge of the incident. Licensee did not have any verification as to whether Mr. Espanola's vehicle was insured or in good operating condition.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**One fire drill has been completed in the last 13 months.**

**INVESTIGATION:**

On 08/12/2025, I interviewed staff Michelle Thomas. Ms. Thomas stated that she has not participated in any fire drills since working at the home. She did not complete any fire safety training. Ms. Thomas later reported she did complete training when hired.

On 08/12/2025, I interviewed staff Reynaldo "Rey" Espanola. Mr. Espanola stated that he has participated in two fire drills since he has worked at the home. They evacuated out the back of the house.

On 08/12/2025, I interviewed Resident A. He has lived at the home for three years. Relative 1 was visiting Resident A at the time of investigation. They indicated that the home completed one fire drill last week.

On 08/12/2025, I interviewed Resident B. He stated that he has been placed in the home for a month. Resident B stated that he has not participated in any fire drills since moving into the home. He was shown the route to take about 10-14 days ago.

On 08/12/2025, I interviewed Resident C. Resident C stated that he has not participated in any fire drills since moving into the home.

On 08/12/2025, I interviewed Resident D. He stated that he has lived in the home since 2024. He has not participated in any fire drills since he has lived at the home. He showed me he did have an evacuation plan posted in his bedroom.

On 09/06/2025, I received copies of 2024 and 2025 fire drill records by email. Records indicate that 12 fire drills have been completed in 2025 on 01/05/2025, 03/10/2025, 03/15/2025, 04/24/2025, 04/26/2025, 05/01/2025, 06/12/2025, 07/10/2025, 08/01/2025, 08/05/2025, 08/14/2025 and 08/25/2025. No sleep time fire drills were completed for the 2<sup>nd</sup> and 3<sup>rd</sup> quarters of 2025. No residents interviewed reported participating in multiple fire drills.

I completed an exit conference with licensee designee, Amitkumar "Yogi" Kalasariya, on 11/24/2025. I sent an email to Mr. Kalasariya and informed him of the violations found and that a provisional license was recommended. I requested that Mr. Kalasariya contact me with any questions and to provide an update on his reported plans to sell the home.

<b>APPLICABLE RULE</b>	
<b>R 400.619</b>	<b>Emergency preparedness plan.</b>
	<b>(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.</b>
<b>ANALYSIS:</b>	On 09/06/2025, I received copies of fire drills. Records indicate that no sleep time fire drills were completed for the 2 <sup>nd</sup> and 3 <sup>rd</sup> quarters of 2025. Records indicate that 12 fire drills have been completed in 2025. However, residents did not report participating in multiple fire drills. Resident A reported that he has participated in one fire drill. Resident B, Resident C and Resident D reported that they have not participated in any fire drills. Staff Michelle Thomas has not participated in any fire drills and Rey Espanola indicated he has participated in two fire drills.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action, I recommend issuance of a provisional license.

*Kristine Cilluffo*

11/24/2025

Kristine Cilluffo  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

12/09/2025

Denise Y. Nunn  
Area Manager

Date