



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 26, 2018

Sherry Sharpley
Helpquest Inc.
Suite 202
33312 Grand River
Farmington, MI 48336

RE: License #: AS630299518
Helpquest Fragile Care 1
24650 Republic
Oak Park, MI 48237

Dear Ms. Sharpley:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630299518
Licensee Name:	Helpquest Inc.
Licensee Address:	24123 Samoset Southfield, MI 48033
Licensee Telephone #:	(248) 346-3725
Licensee Designee:	Sherry Sharpley
Name of Facility:	Helpquest Fragile Care 1
Facility Address:	24650 Republic Oak Park, MI 48237
Facility Telephone #:	(248) 850-7812
Original Issuance Date:	12/23/2009
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/20/2017

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role: [REDACTED]

- 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. Not available for review
- 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:	
MCL 400.734b	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

During the onsite inspection, the results of a criminal history check were not in the employee files for direct care workers Shawnee Walker or Monique Brassell.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

R 330.1803	Facility environment; fire safety.
	<p>(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.</p>

During the onsite inspection, there was no record of an annual inspection of the fire safety system maintained at the facility. The home manager indicated that an inspection was completed, but the records were at the main office.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

R 330.1803	Facility environment; fire safety.
	<p>(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages</p>

	may be obtained from the national fire protection association.
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During the onsite inspection, there were no evacuation scores (e-scores) available for review. The home manager indicated that the e-scores were completed, but the paperwork was at the main office.

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

During the onsite inspection, there was no physician statement in the employee file for Shawnee Walker.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

During the onsite inspection, there was no documentation of TB testing in the employee file for Shawnee Walker.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the onsite inspection, there was no health care appraisal on file for Resident B.

R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

During the onsite inspection, weights were not recorded for Resident A for the months of September, October and November 2017. There were no weight records on file for Resident B.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following: (b) Any accident or illness that requires hospitalization.

Incident reports were not sent to the adult foster care licensing division following Resident A's hospitalization in October 2017.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

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

Resident B's medication log was initialed on 12/19/17 for her evening medications (benztropine mesylate 0.5mg, lorazepam 0.5mg, and propranolol 40mg); however, the medications were still in the pack.

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> <ul style="list-style-type: none"> (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 the onsite inspection, I reviewed Resident A's medication log for the month of October 2017. The medication log was not initialed for the following:

- Symbicort 8:00am: 10/1, 10/5
- Symbicort 8:00pm: 10/3, 10/4
- Furosemide 8:00am: 10/1, 10/5
- Furosemide 8:00pm: 10/2, 10/3, 10/4, 10/6
- Temazepam 8:00pm: 10/3, 10/4, 10/6
- Nicotine Transdermal Syst 21mg/24 hr. TR Patch: 10/1, 10/2, 10/3, 10/4, 10/5
- Atorvastatin Calcium 40mg PO Tab: 10/2, 10/3, 10/4, 10/6
- Ibuprofen 600mg PO Tab 8:00am: 10/1, 10/6
- Ibuprofen 600mg PO Tab 2:00pm: 10/1-10/6
- Ibuprofen 600mg PO Tab 8:00pm: 10/3, 10/4
- Omeprazole 20mg PO Cap 8:00am: 10/1, 10/5,

- Doc-Q-Lace 20mg PO Cap 8:00am: 10/1, 10/5
- Doc-Q-Lace 100mg PO Cap 8:00am: 10/1, 10/2, 10/3, 10/5
- Doc-Q-Lace 100mg PO Cap 8:00pm: 10/3, 10/4, 10/6
- Allopurinol 100mg PO Tab 8:00am: 10/1, 10/5
- Aspirin 325mg PO Tab 8:00am: 10/1, 10/5
- Advair Diskus 500

During the onsite inspection, I reviewed Resident B's medication logs for the months of October, November and December 2017. Resident B's October 2017 medication log was not initialed for the following:

- Benztropine Mesylate 0.5mg Morning: 10/1, 10/27
- Benztropine Mesylate 0.5mg Evening: 10/3, 10/4, 10/11, 10/13, 10/18, 10/20, 10/21, 10/24, 10/25, 10/26, 10/27, 10/28, 10/30, 10/31
- Omeprazole 20mg Morning: 10/1, 10/19, 10/27
- Pravastatin 40mg Bedtime: 10/3, 10/4, 10/6, 10/11, 10/13, 10/20, 10/24, 10/25, 10/27, 10/28, 10/30, 10/31
- Lorazepam 0.5mg Morning: 10/1, 10/27
- Lorazepam 0.5mg Evening: 10/3, 10/4, 10/6, 10/11, 10/13, 10/18, 10/20, 10/21, 10/23-10/31
- Venlafaxine 37.5mg capsule Morning: 10/1, 10/27
- Propranolol 40mg Morning: 10/1, 10/29
- Propranolol 40mg Evening: 10/11, 10/13, 10/18, 10/20, 10/21, 10/26, 10/27, 10/29, 10/30, 10/31

Resident B's November 2017 medication log was not initialed for the following:

- Benztropine Mesylate 0.5mg Evening: 11/14, 11/15, 11/21, 11/22, 11/24, 11/27
- Omeprazole 20mg Morning: 11/2, 11/24, 11/25
- Pravastatin 40mg Bedtime: 11/7, 11/14, 11/15, 11/17, 11/21, 11/22, 11/28, 11/29
- Lorazepam 0.5mg Morning: 11/5
- Lorazepam 0.5mg Evening: 11/3, 11/14, 11/15, 11/17, 11/21, 11/22, 11/27, 11/28, 11/29
- Venlafaxine 37.5mg capsule Morning: 11/5
- Propranolol 40mg Morning: 11/5, 11/24

Resident B's November medication log was initialed for 11/31/17; however, there are only 30 days in the month of November.

Resident B's November 2017 medication log did not include label instructions for use.

Resident B's December 2017 medication log was not initialed for the following:

- Benztropine Mesylate 0.5mg Morning: 12/1
- Benztropine Mesylate 0.5mg Evening: 12/1
- Omeprazole 20mg Morning: 12/1
- Pravastatin 40mg Bedtime: 12/1
- Lorazepam 0.5mg Morning: 12/1
- Lorazepam 0.5mg Evening: 12/1
- Venlafaxine 37.5mg capsule Morning: 12/1
- Propranolol 40mg Morning: 12/1
- Propranolol 40mg Evening: 12/1

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

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 onsite inspection, there were no reasons recorded for the administration of Resident A's Lorazepam 0.5 mg PO Tab or Acetaminophene/Codeine PHO 300 mg/60 mg PO Tab which are prescribed on an as needed basis.

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: (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, the home manager indicated that Resident A's medications were all discontinued following her hospitalization in December. There were no written instructions recorded regarding the medication changes.

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

	<p>shall comply with all of the following provisions:</p> <p>(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.</p>
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During the onsite inspection, Resident A's medication log was not initialed for some of the dates, because Resident A refused her medication. The home manager indicated that they contact Resident A's case manager when she refuses medications, but they do not contact a health care professional. There were no instructions recorded regarding the missed medications.

R 400.14316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(d) Health care information, including all of the following:</p> <p>(iv) A record of physician contacts.</p>

During the onsite inspection, there was no record of physician contacts on file for Resident A or Resident B.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

R 400.14401	Environmental health.
	<p>(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.</p>

During the onsite inspection, the water temperature in the bathroom was measured at 124°F.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

R 400.14401	Environmental health.
	<p>(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.</p>

During the onsite inspection, cleaning supplies were being stored in an unlocked cabinet under the bathroom sink.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

R 400.14402	Food service.
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

During the onsite inspection, there was no thermometer in the deep freezer.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

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 onsite inspection:

- The laundry chute door in the bathroom had not been sealed to prevent access.
- A pull out drawer in the kitchen under the stove top was broken and would not close properly.
- There was a buildup of lint on the floor behind the dryer.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Reports dated: 08/17/15 and 04/14/17; CAPs dated: 08/26/15 and 05/11/17

R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

During the onsite inspection:

- The dresser in bedroom #2 was broken and splintered.
- There were cobwebs and dirt on the windowsill in bedroom #1.

- The blinds on the window in the bathroom were broken.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Reports dated: 08/17/15 and 04/14/17; CAPs dated: 08/26/15 and 05/11/17

R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the onsite inspection:

- There were gum stains on the floor in bedroom #1 and bedroom #3.
- There was a hole in the wall behind the door in bedroom #2.
- There were stains on the ceiling in the bathroom.
- The finish on the floor in the living room by the couch was worn.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Reports dated: 08/17/15 and 04/14/17; CAPs dated: 08/26/15 and 05/11/17

R 400.14410	Bedroom furnishings.
	(1) The bedroom furnishings in each bedroom shall include all of the following: (d) At least 1 chair.

During the onsite inspection, there was no chair in bedroom #1.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

R 400.14410	Bedroom furnishings.
	(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a water bed is not prohibited by this rule.

During the onsite inspection, there were no mattress protectors on the beds.

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.
	(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

During the onsite inspection, the smoke detectors were chirping.

R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

During the onsite inspection, there were deadbolt locks on the doors that form part of the required means of egress.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 04/14/17; CAP dated: 05/11/17

R 400.14510	Heating equipment generally.
	(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.

During the onsite inspection, the dryer vent was disconnected.

R 400.14511	Flame-producing equipment; enclosures.
	(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

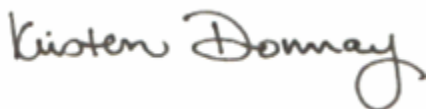
During the onsite inspection, the self-closing device on the floor separation door was not working properly and the door would not fully close automatically.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Reports dated: 08/17/15 & 04/14/17; CAPs dated: 08/26/15 & 05/11/17

I completed an exit conference with the licensee designee, Sherry Sharpley, on 02/08/18. Ms. Sharpley stated that she feels they are a good provider and they take good care of their residents. She has put a medication coordinator in place to visit the home weekly and review all medication processes. She has also put a quality control manager in place and has a professional cleaner visiting the home monthly. Ms. Sharpley stated that she did not agree with the recommendation and will fight to keep the facility in operation.

IV. RECOMMENDATION

Refusal to renew the license is recommended.



02/08/18

Kristen Donnay
Licensing Consultant

Date

Approved By:



02/09/2018

Denise Y. Nunn
Area Manager

Date