



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 25, 2018

Emilia Todor
41346 Llorac Lane
Northville, MI 48167

RE: License #: AF630378404
Amy's Place
41346 Llorac Lane
Northville, MI 48167

Dear Ms. Todor:

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 or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2078

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

I. IDENTIFYING INFORMATION

License#: AF630378404

Licensee Name: Emilia Todor

Licensee Address: 41346 Llorac Lane
Northville, MI 48167

Licensee Telephone #: (248) 432-1850

Licensee/Licensee Designee: N/A

Administrator: Jessica Todor

Name of Facility: Amy's Place

Facility Address: 41346 Llorac Lane
Northville, MI 48167

Facility Telephone #: (248) 432-1850

Original Issuance Date: 08/31/2015

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/18/2018

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 5

No. of others interviewed [redacted] 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.
- 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 400.1418	Resident medications.
	(2) Medication shall be given pursuant to label instructions.
On 09/18/18, during the onsite inspection, I observed Resident A's medication administration record. The licensee recorded her initials on the medication administration record from 09/01/18 – 09/18/18, for administering AM dosages of Alprozalam .25 mg. Resident A has a prescription for a PM dosage. I did not observe a prescription for any AM dosage for Alprozalam and there was no AM pill pack onsite.	
R 400.1418	Resident medications.
	(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions: (a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.
Resident A was prescribed Quetiapine 25 mg. on 09/11/18. I observed that pills were missing from the pill pack for the prescribed dates, however the medication was not recorded on the medication administration record. No staff initials were recorded on the medication administration record.	
R 400.1426	Maintenance of premises.
	(4) Floors, interior walls, and ceilings shall be sound, in good repair, and maintained in a clean condition.
On 09/18/18, during the onsite inspection, I observed a round quarter sized hole on the rear the hallway floor.	
R 400.1431	Bedrooms generally.
	(3) Interior doorways of bedrooms occupied by residents shall be equipped with a side-hinged, permanently mounted door equipped with positive-latching, non-locking-against-egress hardware.

On 09/18/18, during the onsite inspection, I observed that the lock on bedroom #4 was not a non-locking against egress lock.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/25/18

Kenyatta Lewis
Licensing Consultant

Date