



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 4, 2019

Chirin Mansour
Care Homes
6315 E. Michigan Avenue
Saline, MI 48176

RE: License #: AS810340418
Investigation #: **2019A0122007**
Care Homes

Dear Ms. Mansour:

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 (517) 284-9720.

Sincerely,



Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS810340418
Investigation #:	2019A0122007
Complaint Receipt Date:	12/18/2018
Investigation Initiation Date:	12/19/2018
Report Due Date:	02/16/2019
Licensee Name:	Care Homes
Licensee Address:	702 Cornell Road Ypsilanti, MI 48197
Licensee Telephone #:	(734) 330-7070
Administrator:	Chirin Mansour
Licensee Designee:	Chirin Mansour
Name of Facility:	Care Homes
Facility Address:	702 Cornell Road Ypsilanti, MI 48197
Facility Telephone #:	(734) 905-7968
Original Issuance Date:	01/28/2014
License Status:	REGULAR
Effective Date:	02/04/2017
Expiration Date:	02/03/2019
Capacity:	6
Program Type:	MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A is not given medication as prescribed by his physician.	Yes
Additional Findings	Yes

III. METHODOLOGY

12/18/2018	Special Investigation Intake 2019A0122007
12/19/2018	Special Investigation Initiated - On Site Completed interviews with Resident A, Nakeya Jones, home manager. Sandra Cardona, staff member present. Reviewed Resident A's file.
01/14/2019	On-site Inspection Reviewed employee files
01/18/2019	Exit Conference Discussed findings with Chirin Mansour, Licensee Designee

ALLEGATION: Resident A is not given his medication as prescribed by his physician.

INVESTIGATION: On 12/18/2018, Adult Protective Services (APS) received allegations that Resident A had not been receiving his psychotropic medication as prescribed. APS denied the intake and referred it Licensing and Regulatory Affairs (LARA) complaint department for an investigation.

On 12/19/2018, I completed an on-site inspection at the Care Homes adult foster care group home. I completed an interview with Resident A. Resident A reported that there had been issues regarding his medications. Initially he stated that he received the wrong medication and then he stated that his medication was given at the wrong time. Resident A stated he was receiving his morning medications in the evening and vice versa regarding his evening medication. He stated that his medications had been reviewed and he is now receiving them as prescribed.

Resident A reported that he has lived at the Care Homes adult foster care group home for approximately 6 months. According to him it is better than his last

placement. He receives all his meals as required, clothes are laundered weekly, and facility is clean and well maintained. Resident A states he feels safe in his current placement and has no issues or concerns now that his medication issues have been resolved.

I reviewed and compared Resident A's medications and his current medical list dated 12/17/2018. Resident A is prescribed the medication, Olanzapine 20 mg tab, one tablet to be taken at bedtime. The medication was not at the facility. Olanzapine was also listed and prescribed on 10/15/2018 and 11/26/2018 as it was placed on his dated medication lists. Resident A was also prescribed Carboxymethylcellulose NA 0.5% op sol to place 1 drop in each eye four times a day for dry eyes..." The medication was not at the facility.

I completed an interview with Nakeya Jones, home manager. Ms. Jones reported she had reviewed Resident A's medication list with his physician a couple of days ago and now has a complete, current list of his medications dated 12/17/2018.

According to Ms. Jones Resident A is not currently taking the medication, Olanzapine, which is why it was not present at the facility. Ms. Jones could give no explanation as to why the medication was listed on the current medication sheet. Ms. Jones could give no explanation as to why the Carboxymethylcellulose op sol was not present at the facility. There was no documentation to show that either medications had been discontinued.

I requested to review Resident A's medication administration sheet. Ms. Jones reported that he has none and she is in the process of completing the form for Resident A.

On 01/18/2019, I completed an exit conference with Chirin Mansour. Ms. Mansour stated she understood my findings and recommendation. She states she will continue to work hard to meet requirements to return to compliance with all rule violations.

APPLICABLE RULE	
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 {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

<p>ANALYSIS:</p>	<p>Resident A is not given medication as prescribed by his physician.</p> <p>On 12/18/2018, Resident A confirmed that he is not receiving his medication as prescribed.</p> <p>On 12/18/2018, Resident A's current medication list dated 12/17/2018 documents that he is prescribed Olanzapine and Carboxymethylcellulose. Both medications were not present at the facility.</p> <p>Nakeya Jones provided no documentation to support her statement that Resident A was no longer prescribed the medication Olanzapine. Ms. Jones had no explanation as to why the medication, Carboxymethylcellulose, was not present at the facility.</p> <p>Resident A had no medication administration records to document that staff members had administered his medication as prescribed by his physicians.</p> <p>Based upon my investigation there is evidence to support the allegation that Resident A is not given medication as prescribed by his physician.</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

ADDITIONAL FINDINGS:

INVESTIGATION: On 12/18/2018, I requested Resident A's medication administration record for review. Home Manager, Nakeya Jones, stated Resident A did not have any medication administration records.

<p>APPLICABLE RULE</p>	
<p>R 400.14312</p>	<p>RESIDENT MEDICATIONS.</p>
	<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: (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, (v) the initials of the person who administers the medication, which shall be entered at the time the</p>

	medication is given, (vi) a resident's refusal to accept prescribed medication or procedures.
ANALYSIS:	On 12/18/2018, Ms. Jones reported that Resident A had no medication administration records for my review.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: On 01/14/2019, I reviewed employee files and found the following: no verification of reference checks and experience. Employees had completed reference section of the employee application, but there was no notation that the licensee had followed up with phone call or letter to obtain additional information on past work experiences.

Incomplete verification of training. Employee files had limited documentation, i.e. limited training certificates to show understanding and completion of training modules. Nakeya Jones had no documentation to support she had completed training in personal care, supervision, and protection, safety and fire prevention, prevention & containment of communicable diseases. Employee, Sandra Cardon had no documentation to support she had completed training in reporting requirements, personal care, supervision, and protection, resident rights, safety and fire prevention, prevention & containment of communicable diseases, and medication.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(3)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 competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.

ANALYSIS:	<p>There was no documentation that employees had completed the following training: Reporting requirements, Personal Care, Supervision, and Safety, Resident Rights, Safety and Fire Prevention, Prevention & Containment of Communicable Diseases, and Medication.</p> <p>Based upon my investigation there is enough evidence to support the licensee failed to provide in-service training before direct care staff performed assigned tasks.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license to be changed to 1st Provisional.

Vanita C. Bouldin
Licensing Consultant

Date: 01/18/2019

Approved By:

Ardra Hunter
Area Manager

Date: 02/04/2019