

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 30, 2019

Ligia Marcus and Christian Grozav 185 South Blvd E Rochester Hills. MI 48307

RE: License #: AS630379026

A Loving Heart 1382 Potomac Drive

Rochester Hills, MI 48306

#### Dear Ms. Marcus:

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,

Kristine Cilluffo, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Kristine Cillylo

Pontiac, MI 48342

(248) 285-1703

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

#### I. IDENTIFYING INFORMATION

License #:	AS630379026
Licensee Name:	Ligia Marcus and Christian Grozav
Licensee Address:	185 South Blvd E
	Rochester Hills, MI 48307
Licensee Telephone #:	(248) 935-8874
Licensee/Licensee Designee:	Ligia Marcus and Christian Grozav
Administrator:	Ligia Marcus
Name of Facility	A Laving Haart
Name of Facility:	A Loving Heart
Eacility Address:	1382 Potomac Drive
Facility Address:	Rochester Hills, MI 48306
	1 Toolester Fillis, IVII 40000
Facility Telephone #:	(248) 212-3579
Tuomity Totophiono III	(210) 212 0010
Original Issuance Date:	10/26/2016
Capacity:	6
•	
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	AGED
	ALZHEIMERS

### II. METHODS OF INSPECTION

Date of	f On-site Inspection(s	):	04/30/20	)19
Date of	f Bureau of Fire Servi	ces Inspection if appl	icable:	N/A
Date of	f Health Authority Insp	pection if applicable:		N/A
Inspec	tion Type:	☐ Interview and Obs ☐ Combination	servation	
No. of	staff interviewed and/ residents interviewed others interviewed		e/Adminis	2 6 strator
Co	ompleted worksheet re	enewal inspection.		No ⊠ If no, explain. es ⊠ No ⊡ If no, explain
Υe	esident funds and ass es ⊠ No ⊡ If no, ex eal preparation / servi	plain.		for at least one resident?  If no, explain.
• Fir	re drills reviewed? Ye	es 🛛 No 🗌 If no, ex	kplain.	
• Fir	re safety equipment a	nd practices observe	d? Yes [	⊠ No ☐ If no, explain.
lf r	scores reviewed? (Sp no, explain. ater temperatures che			
• Ind	cident report follow-up	o? Yes⊠ No ☐ If i	no, expla	in.
AS AS		a), AS204(3)(d), AS2	04(3)(e),	CAP date/s and rule/s: AS204(3)(f), AS204(3)(g),
• Va	ariances? Yes ☐ (ple	ease explain) No 🖂	N/A 🗌	

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

R 400.14203	Licensee and administrator training requirements.	
	(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:	
	(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.	
	(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.	
Licensee/Adminis	strator, Ligia Marcus, did not have verification of training hours	
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.	
within 30 days of completed on 03	mall and Sara Baraiac, did not have medical statements completed hire. Ms. Small was hired in June 2018 and had medical statement /26/2019. Ms. Baraiac was hired in June 2017 and had medical eted on 04/11/2019.	
R 400.14207	Required personnel policies.	
	(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the	

	time of appointment. A verification of receipt of the policies and
	procedures shall be maintained in the personnel records.
Staff, Claudine Sma	all and Sara Baraiac did not have verification of receipt of polices
and procedures in t	their personnel records.
R 400.14207	Required personnel policies.
	(3) A licensee shall have a written job description for each
	position. The job description shall define the tasks, duties, and
	responsibilities of the position. Each employee and volunteer
	who is under the direction of the licensee shall receive a copy of
	his or her job description. Verification of receipt of a job
	description shall be maintained in the individuals personnel
	record.
	all and Sara Baraiac did not have verification of receipt of job
description in their	personnel records.
R 400.14210	Resident register.
	A licensee shall maintain a chronological register of residents
	who are admitted to the home. The register shall include all of
	the following information for each resident:
	(a) Date of admission.
	(b) Date of discharge.
	(c) Place and address to which the resident moved, if
	known.
A	
A resident register	has not been maintained for the home.
R 400.14301	Resident admission criteria; resident assessment plan;
	emergency admission; resident care agreement;
	physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written
	assessment plan shall be completed with the resident or the
	resident's designated representative, the responsible agency, if
	applicable, and the licensee. A licensee shall maintain a copy
	of the resident's written assessment plan on file in the home.
	The state of the s

Resident A and Resident B did not have updated assessment plans. Resident A's assessment plan was last completed on 11/24/2016. Resident B's assessment plan was last completed on 07/20/2017.

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident A and Resident B did not have updated resident care agreements. Resident A's resident care agreement was last completed on 11/13/2015. Resident B's resident care agreement was last completed on 07/25/2017.

R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

During the onsite inspection, I observed that there was not a menu posted in the home. The licensee did have menus kept in a binder.

R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The following drills were not completed by the licensee:

- Evening drill 2<sup>nd</sup> quarter of 2017
- Day, evening and sleep drills during 3<sup>rd</sup> quarter of 2017, 4<sup>th</sup> quarter of 2017 and 1<sup>st</sup> quarter of 2018
- Evening and sleep drills during 2<sup>nd</sup> quarter of 2018
- Evening drill during 3<sup>rd</sup> quarter of 2018
- Evening and day drills during 4th quarter of 2018 and 1st quarter of 2019.

R 400.14407	Bathrooms.
	(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

During the onsite inspection, I observed that Bathroom #1 did not have non-locking-against-egress hardware.		
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. Lobserved that Resident C did not have a hed		

During the onsite inspection, I observed that Resident C did not have a bed. Resident C is sleeping in a reclining chair. A variance should be requested if Resident C, guardian and/or physician would like for resident to continue sleeping in a reclining chair.

#### IV. RECOMMENDATION

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

Kristine Cillufo

Kristine Cilluffo

Licensing Consultant

O4/30/2019