



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 28, 2019

Tina Miele  
13809 Barcroft Way  
Warren, MI 48088

**RE: License #: AF500380548  
The Gilbert Home  
13809 Barcroft Way  
Warren, MI 48088**

Dear Ms. Miele:

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.

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 in 15 days.

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 "Roeiah Epps". The signature is written in a dark ink and is positioned above the typed name and address.

Roeiah Epps, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-1776

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF500380548
<b>Licensee Name:</b>	Tina Miele
<b>Licensee Address:</b>	13809 Barcroft Way Warren, MI 48088
<b>Licensee Telephone #:</b>	(586) 771-9389
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	The Gilbert Home
<b>Facility Address:</b>	13809 Barcroft Way Warren, MI 48088
<b>Facility Telephone #:</b>	(586) 771-9389
<b>Original Issuance Date:</b>	11/17/2016
<b>Capacity:</b>	3
<b>Program Type:</b>	AGED ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/15/2019

Date of Bureau of Fire Services Inspection if applicable: 05/15/2019

Date of Health Authority Inspection if applicable: 05/15/2019

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 2  
No. of others interviewed 1 Role: Responsible Person

- Medication pass / simulated pass observed? Yes  No  If no, explain. Not required.
- 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: Renewal Inspection Report 2017 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 determined to be in substantial compliance with rules and requirements.

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

**R 400.1405                      Health of a licensee, responsible person, and member of the household.**

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

Staff member R.A. does not have verification of TB tests with results.

**R 400.1407                      Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.**

(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

Both residents' health care appraisals are not signed or authorized by a physician.

**R 400.1416                      Resident health care.**

(4) A licensee shall make a reasonable attempt to contact the resident's next of kin, designated representative, and responsible agency by telephone, followed by a written report to the resident's designated representative and responsible agency within 48 hours of the following:

(a) The death of a resident.

An incident report was not completed for Resident P.W.'s death on 1/1/19.

**R 400.1418 Resident medications.**

(1) Prescription medication, including tranquilizers, sedatives, dietary supplements, or individual special medical procedures, shall be given or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy container which shall be labeled for the specific resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being (33.1101 et. seq. of the Michigan Compiled Laws).

Both residents' medications are being pre-set in medication cups; thus, not being kept in the original pharmacy container.

Resident A.K. does not have physician authorization for the following medications:

- Iron;
- Tylenol;
- Melatonin;
- Magnesium;
- Vitamin D3;
- Stool softener; and
- Vitamin B 12.

**Repeat Violation Established:**

**Reference Renewal Inspection Report 5/16/17, CAP dated 5/16/17**

**R 400.1418 Resident medications.**

(2) Medication shall be given pursuant to label instructions.  
(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 P.B. is out of the following medications:

- Levisin 125 mg, as needed every four hours;
- Metoprolol 25 mg, twice daily;
- Carb/Levo 200 mg, three times daily;
- Senna, one to two tablets as needed;

Resident P.B.'s Vitamin D is not drafted correctly on the medication log (D1000 vs. D3); and her Quetiapine 50 mg was not recorded on the medication log.

**Repeat Violation Established:**

**Reference Renewal Inspection Report 5/16/17, CAP dated 5/16/17**

A corrective action plan was requested and approved on 05/17/2019. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



5/28/19

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Roeiah Epps  
Licensing Consultant

Date