



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 9, 2019

Lisa Murrell  
Community Living Centers Inc  
33235 Grand River  
Farmington, MI 48336

RE: License #: AM630009277  
**CLC Farmington Freedom**  
**22550 Farmington Road**  
**Farmington, MI 48336**

Dear Ms. Murrell:

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 dark ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM630009277
<b>Licensee Name:</b>	Community Living Centers Inc
<b>Licensee Address:</b>	33235 Grand River Farmington, MI 48336
<b>Licensee Telephone #:</b>	(248) 478-0870
<b>Administrator/Licensee Designee:</b>	Lisa Murrell
<b>Name of Facility:</b>	CLC Farmington Freedom
<b>Facility Address:</b>	22550 Farmington Road Farmington, MI 48336
<b>Facility Telephone #:</b>	(248) 477-2336
<b>Original Issuance Date:</b>	04/14/1980
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/26/2019

Date of Bureau of Fire Services Inspection if applicable: 04/02/2019

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 4  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Licensee Designee

- 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:

<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	(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: (b) First aid.

During the on-site inspection on 08/26/19, direct care staff Kkeya Hoard did not have her current first aid in her file.

<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	(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: (c) Cardiopulmonary resuscitation.

During the on-site inspection on 08/26/19, direct care staff Kkeya Hoard did not have her current cardiopulmonary resuscitation in her file.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

During the on-site inspection on 08/26/19, Resident B’s assessment plan was not signed by the residents’ designated representative or the responsible agency; Macomb Oakland Regional Center (MORC).

<p><b>R 400.14301</b></p>	<p><b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b></p>
	<p>(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:</p> <ul style="list-style-type: none"> <li>(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.</li> <li>(b) A description of services to be provided and the fee for the service.</li> <li>(c) A description of additional costs in addition to the basic fee that is charged.</li> <li>(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.</li> <li>(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.</li> <li>(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.</li> <li>(g) An agreement by the resident to follow the house rules that are provided to him or her.</li> <li>(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.</li> <li>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</li> <li>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</li> <li>(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.</li> </ul>

	(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.
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During the on-site inspection on 08/26/19, Resident A did not have their resident care agreement completed at admission on 03/01/18. Resident B's resident care agreement was not signed by the responsible agency, MORC.

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

During the on-site inspection on 08/26/19, I reviewed Resident A's medications and medication logs and found the following errors:

- **OLUX Clobetasol Propionate 0.05% to Foam:** Apply to affected area(s) topically once daily was not given 03/17/19-03/31/19; 04/01/19-04/30/19; 05/01/19-05/31/19. Staff wrote PRN on the medication log, but according to the script dated 03/14/19 this medication was not an as needed medication.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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 medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.

During the on-site inspection on 08/26/19, I reviewed Resident A's and Resident B's medications and medication logs and found the following errors:

- Resident A's **Tylenol 325MG** was given on 08/19/19, but this standard medication order (SMO) was not transcribed on the medication log.
- Resident A's Keppra Levetiracetam 500MG PO: Take 1 tablet by mouth twice daily 7AM & 5PM (seizures) was given on 08/02/19 at 5PM, but staff did not initial the medication log.
- Resident B's Risperdal Risperidone 2MG PO TAB: Take 1 tablet by mouth at bedtime- antipsychotic was given on 08/19/19 at 9PM, but staff did not initial the medication log.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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 on-site inspection on 08/26/19, I reviewed Resident A's medications and medication logs and found the following errors:

- Tylenol 325MG: Take 1 tablet every 4 hours as needed for pain was given on 07/13/18, 07/26/18 in the AM and on 07/15/18 and 07/24/18 in the PM, but the reason for this as needed medication was not recorded.
- Milk of Magnesium (M.O.M): Give 30ML by mouth if no bowel movement in 3 days or 3 small bowel movements in 3 days was given on 08/23/19, but the reason for this as needed medication was not recorded.

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the on-site inspection on 08/26/19, Resident A's Funds Part II form was incomplete; missing June-August 2019 cost of care and Resident B's Funds Part II was also incomplete; missing July-August 2019 cost of care.

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(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.



During the on-site inspection on 08/26/19, the emergency and evacuation procedures were not conducted during sleep hours in the first, second and third quarter in 2018 and in the evening hours during the second quarter in 2019.

**IV. RECOMMENDATION**

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



09/09/19

Date

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Licensing Consultant