



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 21, 2019

Bettie Johnson  
26504 Yale  
Inkster, MI 48141

RE: License #: AF820292957  
**Johnson AFC**  
**26504 Yale**  
**Inkster, MI 48141**

Dear Ms. Johnson:

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 (313) 456-0380.

Sincerely,



K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF820292957
<b>Licensee Name:</b>	Bettie Johnson
<b>Licensee Address:</b>	26504 Yale Inkster, MI 48141
<b>Licensee Telephone #:</b>	(734) 299-1890
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	
<b>Name of Facility:</b>	Johnson AFC
<b>Facility Address:</b>	26504 Yale Inkster, MI 48141
<b>Facility Telephone #:</b>	(734) 299-1890
<b>Original Issuance Date:</b>	12/01/2008
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/26/2019

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 01 Role: applicant

- Medication pass / simulated pass observed? Yes  No  If no, explain. Residents not home at the time of inspection.
- 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. Residents away at Program.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain. Residents gone to Program.
- 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. No incident reports sent to the department.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: LSR dated 9/13/17: 407(5), 426(4), 431(3), and 418(1) 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 400.1405**                    **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.**

Ms. Johnson was not able to provide verification of subsequent TB testing upon request. She stated, "I forgot" when referring to updated testing. Ms. Johnson indicated she does not know the date her last TB test was taken.

This is a **REPEAT VIOLATION**; See Renewal Licensing Study Report dated 10/20/15. Ms. Johnson submitted a CAP on 11/12/15 to address the rule violation.

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

(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.

Ms. Johnson failed to complete annual Resident Care Agreements (RCA) with the resident and guardian in 2018 and 2019. Specifically, Resident A's last RCA is dated 1/31/17 and Resident B's last RCA is dated 3/1/17.

This is a **REPEAT VIOLATION**; See Special Investigation Report #2017A0119009. Ms. Johnson submitted a CAP on 3/30/17 to address the rule violation.

**R 400.1416**                    **Resident health care.**

(5) A copy of the written report required in subrule (4) of this rule shall be maintained in the home for a period of not less than 2 years. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

Per Ms. Johnson, Resident A was admitted to Garden City Hospital on 6/2/19. The resident was diagnosed with “asthma exacerbation, CHF exacerbation” according to the hospital discharge report. Ms. Johnson reported Resident A was returned to the hospital on or around 6/8/19 because the resident’s breathing continued to be labored. The licensee indicated Resident A’s second hospital admission lasted for approximately one week. When asked to see the Incident Report related to both hospitalizations, Ms. Johnson could not provide copies. Ms. Johnson acknowledged she did not complete the incident reports as required. She had no explanation for why she didn’t complete the reports.

**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.

Resident A is prescribed Ventolin HFA (albuterol sulfate) 108MCG/ACT IH Spray. The instruction for use is documented as “inhale 2 puffs by mouth every 4 hours as needed.” However, Ms. Johnson has been administering this medication as a standing order. I requested to see the resident’s maintenance inhaler and Ms. Johnson looked puzzled as she replied, “is there a difference?” when comparing to the rescue inhaler. On 9/27/19, I made a follow up call to Resident A’s treating physician. I spoke to the doctor’s medical assistant who verified Resident A should only use Ventolin when she’s in distress. The medical assistant reported Ventolin is not for prolonged use. She also reported Resident A was given a refill for Atrovent as recent as 9/17/19 to use her daily maintenance inhaler.

On 9/27/19, I made a follow up call to Ms. Johnson to report my findings from the doctor. Ms. Johnson denied the doctor told her Resident A has multiple inhalers and to use as directed.

This is a **REPEAT VIOLATION**; See Special Investigation Report #2017A0119009. Ms. Johnson submitted a CAP on 3/30/17 to address the rule violation. See Renewal Licensing Study Report dated 9/20/17; Ms. Johnson submitted a CAP on 9/30/17 to address the rule violation.

**R 400.1418                      Resident medications.**

(2) Medication shall be given pursuant to label instructions.

While reviewing medication records on 9/26/19, I observed 2 bottles of Famotidine 20 mg. The date filled on the first bottle is 6/24/19; the date filled on second bottle is documented as 8/9/19. This medication is a Standing Order with instructions for daily use. I observed the bottle filled on 6/24/19 had 6 pills remaining. When asked about the leftover pills, Ms. Johnson could not explain why this medication hadn't been dispensed.

**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.

(b) Not adjust or modify a resident's prescription medication without agreement and instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any adjustments or modifications of a resident's prescription medication.

Observed several medications on the September 2019 medication administration records do not include the dosage.

Resident A is prescribed Trazodone 50mg (take 1 at bedtime as needed). However, the medication is not written on her September MAR. Ms. Johnson reported she does administer trazodone “every night with the other 2” sleep aids to the resident. Ms. Johnson further stated, “I probably got it mixed up with Tramadol” to explain the reason why she didn’t document the days and time she administered trazodone. In addition, Resident A’s Ventolin inhaler was not listed on her MAR, but Ms. Johnson was adamant that she administers the Ventolin “every morning” and “in the evening if she needs it.” Therefore, Ms. Johnson has continually administered resident medication without maintaining a record of each medication given.

Ms. Johnson modified Resident A’s use of the inhaler by giving the resident a rescue inhaler (Ventolin) each day instead of the maintenance inhaler (Atrovent). Ms. Johnson adjusted the resident’s medication in error and not as directed by a physician or pharmacist.

This is a **REPEAT VIOLATION**; See Special Investigation Report #2017A0119009. Ms. Johnson submitted a CAP on 3/30/17 to address the rule violation.

**R 400.1421                      Handling of resident funds and valuables.**

(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.

Observed Resident A and Resident B Funds II forms did not include transaction details for payments received in September. Ms. Johnson acknowledged she received Cost of Care payments for both residents in September, but these were not recorded on the day of inspection.

This is a **REPEAT VIOLATION**; See Special Investigation Report #2017A0119009. Ms. Johnson submitted a CAP on 3/30/17 to address the rule violation.

**R 400.1425                      Food service.**

(3) All perishable food shall be stored at such temperature as will protect against spoilage. All potentially hazardous food shall be maintained at safe temperatures (40 degrees Fahrenheit or below or 140 degrees Fahrenheit or above), except during necessary periods of preparation and service.

No verification that food is stored at proper temperatures. Ms. Johnson could not locate the thermometer inside the refrigerator upon request.

**R 400.1426            Maintenance of premises.**

(1) The premises shall be maintained in a clean and safe condition.

The home has not been maintained in a clean and safe environment. Observed the following conditions on 9/26/19:

- Spider webs throughout the home, including bedroom and bathroom areas,
- Very dusty ceiling fan inside resident bedroom
- Bad odor in resident bedroom
- Refrigerator in disrepair; requires cleaning
- Bathtub in second floor bathroom looked extremely dirty; needs refinishing and new caulk
- Worn and stained bed pillows for resident use
- Soiled curtains in Resident B's bedroom

This is a **REPEAT VIOLATION**; See Special Investigation Report #2016A0101013. Ms. Johnson submitted a CAP on 6/2/16 to address the rule violation.

**R 400.1426            Maintenance of premises.**

(4) Floors, interior walls, and ceilings shall be sound, in good repair, and maintained in a clean condition.

Observed dirty and peeling floor tiles.  
Observed Resident B has a cracked ceiling in her bedroom.

This is a **REPEAT VIOLATION**; See Special Investigation Report #2016A0101013. Ms. Johnson submitted a CAP on 6/2/16 to address the rule violation. See Renewal Licensing Study Report dated 9/20/17; Ms. Johnson submitted a CAP on 9/30/17 to address the rule violation.

**R 400.1426            Maintenance of premises.**

(9) Handrails and nonskid surfacing shall be installed in showers and bath areas.

Observed a loose handrail in second floor bathroom.

**R 400.1433            Bedroom furnishings.**

(1) Bedroom furnishings shall include an adequate closet, wardrobe, or a dresser.

Observed broken dresser drawers in the vacant room that is licensed for resident use.

**R 400.1434            Linens.**

(1) A licensee shall provide bedding which includes 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread. Bed linens shall be changed at least weekly or more often if soiled.

Observed dirty and stained bedding on Resident B's bed.

**R 400.1436            Interior finishes and materials.**

(1) Interior finish materials shall be a minimum class C throughout the home.

Observed wallpaper in the closet of vacant room and Resident B's bedroom.

Licensee must verify material classification or remove wallpaper.

Ms. Johnson reported the wallpaper has been affixed to the walls for decades as she explained this is her childhood home.

**R 400.1440            Heat producing equipment.**

(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.

Observed the automatic closure on the fire door does not work properly.

**R 400.1426            Maintenance of premises.**

(7) Stairways shall have sturdy and securely fastened handrails which are not less than 30, nor more than 34 inches above the upper surface of the tread. Exterior and interior stairways shall

have handrails on the open sides. Porches shall also have handrails on the open sides.

Observed multiple columns on the stairway leading to the second floor are not uniform and do not provide adequate support.

Ms. Johnson said she noticed that some columns were shorter than the others or broken prior to the onsite.

On 9/26/19, I completed an exit conference with Ms. Johnson advising her of the department's recommendation. Ms. Johnson presented as surprised to learn of the repeat violations. She insisted the medication errors were not her fault. Ms. Johnson acknowledged she must tighten up in some areas pertaining to record keeping and maintenance of the premises. Ms. Johnson explained Resident B's bedroom was observed in disarray due to the resident's hoarding behavior. Ms. Johnson announced her plans to bring the home into compliance.

#### IV. RECOMMENDATION

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



10/10/19

Date

Licensing Consultant



10/21/19

Date

Area Manager