



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 8, 2020

Irina Dennert
21301 Kenosha Street
Oak Park, MI 48237

RE: License #: AS630380863
Arinas Senior Care
21301 Kenosha
Oak Park, MI 48237

Dear Irina Dennert:

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 blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2078

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

I. IDENTIFYING INFORMATION

License #: AS630380863

Licensee Name: Irina Dennert

Licensee Address: 24574 Colin Kelly
Centerline, MI 48015

Licensee Telephone #: (248) 277-6889

Licensee/Licensee Designee: Irina Dennert

Administrator: Irina Dennert

Name of Facility: Arinas Senior Care

Facility Address: 21301 Kenosha
Oak Park, MI 48237

Facility Telephone #: (248) 277-6889

Original Issuance Date: 06/15/2017

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
ALZHEIMERS
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/03/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

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 3

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: [REDACTED]

- 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.
The onsite inspection did not occur during a meal preparation/service.
- 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:
06/03/2020 Special Investigation Report #: 2020A0611030 AS 316(2)
- 09/24/2019 Special Investigation Report #: 2019A0993041 AS 302(3), 305(3)
- 08/31/2018 Licensing Renewal Inspection: AS 205(3), 301(6)(b)
- 12/18/2017 Licensing Renewal Inspection: AS 402(1), 402(2), 402(3), 406, 507(5) N/A
- Number of excluded employees followed-up? 1 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 400.14203 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.

The licensee, Irina Dennert completed 9.75/16 hours of training in 2019.

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.

Ms. Dennert has not maintained a chronological register of residents. The resident register has been updated each time a new resident moves in, however documentation regarding discharged/deceased residents has not been maintained in a chronological order.

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the onsite inspection on 09/03/2020, I observed hospital beds in bedrooms #2 and #4. There were no authorizations for the hospital beds observed onsite. Ms. Dennert did not provide the authorizations via email.

R 400.14401 Environmental health.

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

Bleach and other cleaning supplies were observed in the kitchen cabinet under the sink. There was no lock observed on the cabinet.

R 400.14401 Environmental health.

(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

I did not observe individual hand towels or paper towels in bathroom #1.

R 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

REPEAT VIOLATION: LICENSING RENEWAL INSPECTION 12/18/2017

I did not observe a thermometer in the refrigerator during the onsite inspection.

R 400.14402 Food service.

(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.

I observed that the filter was missing under the stove hood.

R 400.14403 Maintenance of premises.

(3) All living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.

I observed that there was a lightbulb missing in bathroom #1.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.

(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:
(a) Between the sleeping areas and the rest of the home. In homes that have more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.
(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.

I observed that there was no smoke detector located inside the furnace room.

R 400.14511 Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

I observed that the fire door enclosure had a damaged piece of wood.

IV. RECOMMENDATION

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



09/08/2020

Kenyatta Lewis
Licensing Consultant

Date