

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 9, 2021

Benedicto Arcenal Home for Mom and Dad ALF LLC 30352 Kingsway Drive Farmington Hills, MI 48331

RE: License #: AS820395262

Home For Mom and Dad ALF LLC 14860 Bainbridge St

Livonia, MI 48154

Dear Mr. Arcenal:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

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,

Regina Buchanan, Licensing Consultant

Regina Buchanon

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

(313) 949-3029

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

#### I. IDENTIFYING INFORMATION

**License #:** AS820395262

Licensee Name: Home for Mom and Dad ALF LLC

**Licensee Address:** 30352 Kingsway Drive

Farmington Hills, MI 48331

**Licensee Telephone #:** (734) 272-9402

Licensee/Licensee Designee: Benedicto Arcenal

Administrator: Benedicto Arcenal

Name of Facility: Home For Mom and Dad ALF LLC

**Facility Address:** 14860 Bainbridge St

Livonia, MI 48154

**Facility Telephone #:** (734) 272-9402

Original Issuance Date: 02/05/2019

Capacity: 6

Program Type: ALZHEIMERS

**AGED** 

## **II. METHODS OF INSPECTION**

Date	Date of On-site Inspection(s):		07/07/2021	
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 ☐ Combination		⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  O Role: N/A				2 4
•	Medication pass / simu	ulated pass observed?	' Yes ⊠	No 🗌 If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $oximes$ No $oximes$ 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 had already eaten  Fire drills reviewed? Yes No If no, explain.			
•	Fire safety equipment and practices observed? Yes $oxed{oxed}$ No $oxed{oxed}$ 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 08/13/2019 Rules: 312 Number of excluded en	2(4), <sup>2</sup> 08(1), 318(5), 73	34(b)( <del>5</del> ),	
•	Variances? Yes ☐ (n	lease explain) No 🗍	N/A 🔀	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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.

Staff, Breyana Welton, health physical was not obtained within 30 days of employment. She started on 07/03/2019 and her physical was completed on 09/02/2019.

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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Staff, Breyana Welton, TB testing was not completed prior to working in 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.

Resident A's Assessment Plan was not signed by her guardian as verification that it was completed with the guardian.

#### R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(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.

Resident A's resident Care Agreement was not signed by her guardian as verification that it was completed with the guardian.

#### R 400.14315 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.

The Funds and Valuables Part I and Part II forms were not completed for none of the residents.

# 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.

Fire drills were not completed as required during each timeframe.

### **REPEAT VIOLATION (RENEWAL INSPECTION 08/13/2019)**

## IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Regine Buchanon
\_\_\_\_\_07/09/2021
Date

**Licensing Consultant**