



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 5, 2021

Myraflor Sanchez  
AMSanchez LLC  
43619 Via Antonio Drive  
Sterling Heights, MI 48314

RE: License #: AS500394490  
**Ohana Group Living**  
**39849 Crystal Drive**  
**Sterling Heights, MI 48310**

Dear Ms. Sanchez:

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.

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 within 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 "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

|                                    |   |
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| <b>License #:</b>                  | AS500394490   |
| <b>Licensee Name:</b>              | AMSanchez LLC   |
| <b>Licensee Address:</b>           | 43619 Via Antonio Drive<br>Sterling Heights, MI 48314 |
| <b>Licensee Telephone #:</b>       | (586) 354-4102  |
| <b>Licensee/Licensee Designee:</b> | Myraflor Sanchez                                      |
| <b>Administrator:</b>              | Myraflor Sanchez                                      |
| <b>Name of Facility:</b>           | Ohana Group Living                                    |
| <b>Facility Address:</b>           | 39849 Crystal Drive<br>Sterling Heights, MI 48310     |
| <b>Facility Telephone #:</b>       | (586) 354-4102  |
| <b>Original Issuance Date:</b>     | 01/28/2019  |
| <b>Capacity:</b>                   | 6   |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>AGED<br>ALZHEIMERS          |

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/26/2021

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  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: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain. Reviewed medication passing procedures with Licensee Designee and staff.
- 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. Inspection did not occur during a meal preparation.
- 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: CAP date 07/09/2019- AS312(1), AS318(5), AS507(6) 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:

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| <b>R 400.14204</b>  | <b>Direct care staff; qualifications and training.</b>   |
|   | <p><b>(2) Direct care staff shall possess all of the following qualifications:</b></p> <p><b>(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.</b></p> |
| <p>Staff, Rosalie Manalo and Avelino Sanchez, did not have fingerprinting clearances on file. Licensee Designee, Myraflor Sanchez, stated that both staff have been fingerprinted at other adult foster care homes where they have been employed.</p> |  |

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| <b>R 400.14205</b>  | <b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>   |
|   | <p><b>(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.</b></p> |
| <p>Staff, Rosalie Manalo and Avelino Sanchez, did not have annual health reviews completed.</p> |   |

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| <b>R 400.14301</b> | <b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>  |
|                    | <p><b>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal</b></p> |

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|  | be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department. |
| Resident A and Resident B did not have current health care appraisals. Resident A's last health care appraisal was dated 06/13/2020 and Resident B's health care appraisal was dated 06/18/2020. Health care appraisals need to be updated annually. |   |

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| <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. |
| Resident A and Resident B did not have current assessment plans. Resident A's last assessment plan was completed on 06/13/2020 and Resident B's assessment plan was last completed on 06/18/2020. Assessment plans need to be updated annually. |   |

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| <b>R 400.14301</b>  | <b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>   |
|   | (9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary. |
| Resident A and Resident B did not have current resident care agreements. Resident A's last resident care agreement was completed on 06/13/2020 and Resident B's resident care agreement was last completed on 06/22/2019. Resident Care Agreements need to be updated annually. |  |

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| <b>R 400.14306</b>   | <b>Use of assistive devices.</b>   |
|  | (2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee. |
| Resident A's wheelchair was not listed in their assessment plan. |  |

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| <b>R 400.14311</b>  | <b>Investigation and reporting of incidents, accidents, illnesses, absences, and death.</b>   |
|   | (1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following: <ul style="list-style-type: none"> <li>(a) The death of a resident.</li> <li>(b) Any accident or illness that requires hospitalization.</li> </ul> |
| <p>Licensee Designee, Myraflor Sanchez, stated that Resident B was hospitalized in April 2020. She also stated that Resident C passed away on hospice in April 2021. Incident reports were not provided to licensing.</p> <p>Ms. Sanchez completed the two incident reports and emailed to licensing on 07/26/2021.</p> |   |

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| <b>R 400.14312</b>  | <b>Resident medications.</b>   |
|   | (2) Medication shall be given, taken, or applied pursuant to label instructions. |
| Resident A is prescribed Ipratropium Bromide and Albuteral Sulfate inhalation solution. One box stated to give solution every eight hours and one box stated to give every four hours. The times listed on the medication log were 0900 hours, 1400 hours and 2000 hours. Ms. Sanchez stated that medication was changed to every four hours as needed. However, the medication log and labels did not reflect this change. |  |

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| <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:<br>(a) Be trained in the proper handling and administration of medication.<br>(b) Complete an individual medication log that contains all of the following information:<br>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. |
| During the onsite inspection, I observed that all staff initials on Resident A and Resident B's June 2021 medication logs were the same. Licensee Designee, Ms. Sanchez, stated that more than one staff give medications and staff confirmed that sometimes medication logs are being initiated at the end of the day. |   |

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| <b>R 400.14312</b>   | <b>Resident medications.</b>  |
|  | (7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist. |
| During the onsite inspection, I observed that Resident B's Losartan Potassium 50 mg was not listed on the medication log. Ms. Sanchez stated that it is not listed on medication log because it has been discontinued. |   |

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| <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. |
| No sleep time fire drills have been completed during the renewal period.                        |  |
| <b>REPEAT VIOLATION ESTABLISHED</b><br>Reference LSR dated 07/10/2019 and CAP dated 07/09/2019. |  |



**IV. RECOMMENDATION**

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

*Kristine Cilluffo*

08/03/2021

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Kristine Cilluffo  
Licensing Consultant

Date

Approved by:

*Denise Y. Nunn*

08/04/2021

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Denise Y. Nunn  
Area Manager

Date