



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 13, 2021

Michael Mwathi
Rockwood House Inc
1606 South Huron #972804
Ypsilanti, MI 48197

RE: License #: AS820393337
Rockwood House Inc
20092 Candance
Rockwood, MI 48173

Dear Mr. Mwathi:

Attached is the Renewal Licensing Study Report for the facility referenced above. The quality of care and physical plant 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 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AS820393337
Licensee Name:	Rockwood House Inc
Licensee Address:	20092 Rockwood, MI 48173
Licensee Telephone #:	(248) 236-4410
Licensee/Licensee Designee:	Michael Mwathi
Administrator:	Michael Mwathi
Name of Facility:	Rockwood House Inc
Facility Address:	20092 Candance Rockwood, MI 48173
Facility Telephone #:	(734) 236-4410
Original Issuance Date:	02/15/2019
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/05/2021

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

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Full worksheet 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.
Onsite inspection was not completed during a meal time.
- 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:
205 (3), 208 (1f), 310(3), 312 (4), 315 (3) 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 400.14205 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.

Finding: Direct care staff Peninah Onyango's employee record did not contain current evidence of communicable tuberculosis testing. Specifically, there is no communicable tuberculosis testing documentation in Ms. Onyango's record.

The Licensee Designee stated he was sure that Ms. Onyango had an ex-ray but he is unable to locate the documentation in the file.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(e) Verification of experience, education, and training.

Finding: Direct care staff Peninah Onyango's employee record did not contain verification of education.

The Licensee Designee stated he did not request it from Ms. Onyango because she reported her education on her application.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(f) Verification of reference checks.

Finding: Direct care staff Peninah Onyango's employee record did not contain verification of reference checks.

The Licensee Designee stated he is sure that he called Ms. Onyango's references but acknowledged that he failed to document these checks on her application.

REPEAT VIOLATION: Licensing Study Review dated 08/19/2019 and Corrective Action Plan dated 08/19/2019

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.

Finding: Resident A's record did not contain a written assessment plan. Resident A was admitted into the facility 10/23/2020.

The Licensee Designee acknowledged that he did not follow-up to ensure that an assessment plan was completed.

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.

Finding: While at the facility I observed Resident A to be utilizing half bedrails; Resident B to be utilizing a "sit and stand chair lift" and shower chair; Resident C to be utilizing a bedside commode, Geri chair, and half bedrails; and an empty resident bed with full bedrails. The Licensee was unable to produce medical authorization for any of these therapeutic supports.

The Licensee Designee stated he did not have prescriptions for the use of these devices and had no comment regarding the violation.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Finding: Resident A's record did not contain any recorded weights.

The Licensee Designee acknowledged that he did not follow-up to ensure that the weight record was completed.

REPEAT VIOLATION: Licensing Study Review dated 08/19/2019 and Corrective Action Plan dated 08/19/2019

R 400.14312 Resident medications.

(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.

Finding: Resident A's medication administration record for May 2021 was reviewed and showed no time of medication dosage but instead showed morning, afternoon, and bedtime for the following medications- Morphine 0.25ml-5mg PRN and Acetaminophen 500mg PRN.

Resident A's medication administration record for June 2021 was reviewed and showed no time of medication dosage but instead showed morning, afternoon, and bedtime for the following medications- Morphine 0.25ml-5mg PRN and Acetaminophen 500mg PRN. In addition, Resident A's Lorazepam (Ativan) is prescribed as one tablet, three times a day but the dosage times on the medication administration record for June 2021 list the times as 8:00am, 4:00pm, 12:00pm, and bedtime. Further, the Lorazepam was not initialed by staff at 4:00pm on 06/08/2021, 06/18/2021, 06/27-30/2021 and not initialed by staff at 12:00pm from 06/06/2021

until 06/25/2021, 06/28-30/2021. Lastly, Hydroxyzine HCL 25mg was not initialed by staff at the 8:00pm.

Resident A's medication administration record for August 2021 was reviewed and showed no time of medication dosage but instead showed morning, afternoon, evening, and bedtime for the following medications- Quetiapine Fumarate 25mg, Proscar 5mg, and Senna Plus.

The Licensee Designee stated he was not aware that the medication administration records were being maintained in the above manner and he will address this issue with his staff.

REPEAT VIOLATION: Licensing Study Review dated 08/19/2019 and Corrective Action Plan dated 08/19/2019

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

Finding: While reviewing medications at the facility I discovered five prescribed enema medications for Resident D and Resident D no longer resides at the facility.

The Licensee Designee stated he did not have the prescriptions and did not have a comment regarding the violation.

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.

Finding: Resident A's record did not contain a Funds Part I form signed by the Licensee Designee. Resident A's record also did not contain a Funds Part II form.

The Licensee Designee acknowledged that he did not follow-up to ensure that the Funds Part I and II forms were completed.

REPEAT VIOLATION: Licensing Study Report dated 08/19/2019 and Corrective Action Plan dated 08/19/2019.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Finding: While conducting my on-site inspection I observed the front and rear ramps to be lifting with warped boards. I also observed worn wood floors in the dining area and a hole in the ceiling above the stove area.

The Licensee Designee stated he will be making repairs to the facility ramps within seven days. The Licensee Designee stated he had not been comfortable allowing maintenance or repair persons into the facility due to the pandemic.

R 400.14403 Maintenance of premises.

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

Finding: While conducting my on-site inspection I observed missing handrails in the main bathroom shower area.

The Licensee Designee stated he had not been comfortable allowing maintenance or repair persons into the facility due to the pandemic.

R 400.14408 Bedrooms generally.

(2) A living room, dining room, hallway, or other room that is not ordinarily used for sleeping or a room that contains a required means of egress shall not be used for sleeping purposes by anyone.

Staff Nancy Njuguna stated she is the live-in staff at the facility. I asked Nancy where she sleeps, and she stated she is sleeping in the living room on a recliner.

The Licensee Designee stated he is short on staffing and needed to ensure he always had staffing. The Licensee Designee acknowledged that staff Nancy Njuguna is living/sleeping on a recliner in the resident living area.

R 400.14506

Fire extinguishers; location, examination, and maintenance.

(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.

Finding: While conducting this licensing inspection I observed that the basement fire extinguisher has not been maintained according to the manufacturer's recommendation as it did not have a service tag.

On 08/05/2021, I completed an exit conference with Licensee Designee- Michael Mwathi regarding the above allegations. Mr. Mwathi stated he understood the violations and will agree to a provisional license.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended due to quality-of-care and physical plant violations.



08/13/2021

Shatonla Daniel
Licensing Consultant

Date

Reviewed By:



08/13/2021

Jerry Hendrick
Area Manager

Date