

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 10, 2021

Paraschiva Rusu 25411 Norfolk Street Dearborn Heights, MI 48125

> RE: License #: AF820314843 Investigation #: 2021A0121009

> > **Love Care**

Dear Ms. Rusu:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

K. Robinson, LMSW, Licensing Consultant Bureau of Community and Health Systems

K. Robinson

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-0574

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

| License #: | AF820314843 |
|--------------------------------|----------------------------|
| La cathagraph | 0004404040 |
| Investigation #: | 2021A0121009 |
| Complaint Receipt Date: | 07/15/2021 |
| | 01/10/2021 |
| Investigation Initiation Date: | 07/15/2021 |
| | |
| Report Due Date: | 09/13/2021 |
| Licensee Name: | Paraschiva Rusu |
| Licensee Name. | i diasciliva i tusu |
| Licensee Address: | 25411 Norfolk Street |
| | Dearborn Heights, MI 48125 |
| | (0.4.0), 0.7.0, 5.0.0.0 |
| Licensee Telephone #: | (313) 278-5998 |
| Administrator: | N/A |
| / diministrator: | |
| Name of Facility: | Love Care |
| | |
| Facility Address: | 25411 Norfolk Street |
| | Dearborn Heights, MI 48125 |
| Facility Telephone #: | (313) 278-5998 |
| | |
| Original Issuance Date: | 04/25/2012 |
| Linear Otatura | DECLUAD |
| License Status: | REGULAR |
| Effective Date: | 02/20/2020 |
| | |
| Expiration Date: | 02/19/2022 |
| | |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED |
| i rogium rypo. | MENTALLY ILL |
| | AGED |

II. ALLEGATION(S)

Violation Established?

| Resident is ready for hospital discharge, but the owner will not allow him to return, stating he is not a "good fit" for the home, leaving the resident with nowhere to go. | Yes |
|---|-----|
| Additional Findings | Yes |

III. METHODOLOGY

| 07/15/2021 | Special Investigation Intake (APS referral denied) 2021A0121009 |
|------------|--|
| 07/15/2021 | Contact - Telephone call made Attempted call to licensee; no answer |
| 07/15/2021 | Contact - Document Sent Email to Consultant requesting current phone number for licensee |
| 07/15/2021 | Special Investigation Initiated - Telephone Attempted call to licensee |
| 07/16/2021 | Contact - Telephone call made Attempted call to licensee; left message |
| 07/19/2021 | Contact - Document Received Return email from Consultant |
| 07/19/2021 | Contact - Telephone call made Call to licensee |
| 07/21/2021 | Inspection Completed-BCAL Sub. Compliance Onsite by Consultant, A. Green |
| 07/26/2021 | Contact - Telephone call made Call to Relative A1 and A2; left messages |
| 08/13/2021 | Contact - Telephone call made Call to Relative A1 and A2; left messages |
| 08/27/2021 | Exit Conference Ms. Rusu |

ALLEGATION: Resident is ready for hospital discharge, but the owner will not allow him to return, stating he is not a "good fit" for the home, leaving the resident with nowhere to go.

INVESTIGATION: On 7/19/21, I interviewed licensee, Ms. Parashiva Rusu. Ms. Rusu acknowledged she accepted Resident A for placement on 7/8/21. Licensee Rusu reported Resident A would scream throughout the night, waking the other residents. She also said he fell 3 times within a 24-hour period. Ms. Rusu explained once Resident A became violent by trying to attack her and bite her, she determined he was not suitable for placement in the AFC family home. Ms. Rusu indicated she contacted Relative A1 to report Resident A's aggressive behaviors. Reportedly, Relative A1 called EMS to the home based on Ms. Rusu's report. Resident A was then transported to Garden City Hospital for treatment and evaluation. Ms. Rusu acknowledged she would not accept the resident back into the home once he was ready for discharge from the hospital. Licensee Rusu argued he was not suitable for placement based on Resident A's behavior while in her home. Per Ms. Rusu, Resident A was officially discharged from the home on 7/9/21.

I made several attempts to reach Relative A1 and Relative A2 by phone to no avail. Relative A1 and Relative A2 made no attempts to return my phone calls.

On 7/21/21, Licensing Consultant, A. Green conducted an onsite inspection at the facility. Licensee Rusu was not able to provide documentation of Resident A's records upon department request, including the resident's Assessment Plan for AFC Residents which would have documented his personal care, supervision, and protection needs at the time of admission. Additionally, Ms. Rusu did not provide a copy of Resident A's discharge notice. Ms. Rusu indicated she gave all his paperwork to Relative A1 when she came to pick up Resident A's belongings.

| APPLICABLE F | RULE |
|--------------|---|
| R 400.1407 | Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal. Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal. |
| | (14) A licensee who discharges a resident pursuant to subrule (13) of this rule shall notify the resident's designated representative and responsible agency within 24 hours before discharge. Such notification shall be followed by a written notice to the resident's designated |

| | representative and responsible agency stating the reasons for discharge. | |
|-------------|--|--|
| ANALYSIS: | Ms. Rusu accepted Resident A for placement on 7/8/21. Resident A was discharged from the home on 7/9/21 without prior notice. Ms. Rusu was not able to provide the department with written proof the resident or guardian was notified of the emergency discharge because she did not maintain any records for him. Therefore, the licensee violated the licensing rules. | |
| CONCLUSION: | VIOLATION ESTABLISHED | |

ADDITIONAL FINDINGS:

INVESTIGATION: On 7/21/21, the assigned Licensing Consultant Andrea Green went to the home for a separate matter. While there, Mrs. Green requested to see Resident A's records pursuant to this complaint investigation. According to Mrs. Green, Licensee Rusu was not able to provide Resident A's resident records. Reportedly, Ms. Rusu informed Licensing Consultant Andrea Green that she had given all Resident A's paperwork and his belongings to Relative A1.

On 8/27/21, I completed an exit conference with Ms. Rusu regarding the above allegation. Ms. Rusu acknowledged she did not provide Mrs. Green with Resident A's records upon request. Ms. Rusu acknowledged she did not complete a written assessment plan before accepting Resident A for placement. Ms. Rusu indicated she made a verbal agreement with Relative A1 to accept the resident for placement despite Relative A2 warning her that the resident may not be suitable. I reminded Licensee Rusu the licensing rules require a copy of each resident record be maintained in the facility for up to 2 years after discharge. Ms. Rusu blamed the issue on Relative A1. She repeatedly said Relative A1 was not truthful about Resident A's mental state and that the relative had created all these problems for her. Licensee Rusu expressed having a full understanding of why the violation had been established. She agreed to submit an acceptable corrective action plan upon receipt of the report.

| APPLICABLE RULE | |
|-----------------|---|
| R 400.1422 | Resident records. |
| | Resident records. (1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident |

| | record shall include, at a minimum, all of the following information: |
|-------------|---|
| | (a) Identifying information, including, at a minimum, all of the following: |
| | (i) Name. |
| | (ii) Social security number. |
| | (iii) Home address. |
| | (iv) Name, address, and telephone number of the |
| | next of kin or designated representative. |
| | (v) Name, address, and telephone number of person |
| | or agency responsible for the resident's placement in the home. |
| | (vi) Name, address, and telephone number of the |
| | preferred physician and hospital. |
| | (b) Date of admission. |
| | (c) Date of discharge and place to which resident was |
| | discharged. |
| | (d) Health care information, including all of the |
| | following: |
| | (i) Health care appraisals. (ii) Medication logs. |
| | (iii) Statements and instructions for supervising |
| | prescribed medication. |
| | (iv) Instructions for emergency care. |
| | (e) Resident care agreement. |
| | (f) Assessment plan. |
| | (g) Weight record. |
| | (h) Incident and accident reports. |
| | (i) Resident funds and valuables record. |
| | (j) Resident grievances and complaint record. |
| | (2) Resident records shall be kept on file in the home for 2 |
| | years after the date of a resident's discharge from a home. |
| ANALYSIS: | On 7/21/21, Ms. Rusu did not furnish a copy of Resident A's |
| | records upon request by the department. |
| CONCLUSION: | VIOLATION ESTABLISHED |
| CONCLUSION. | VIOLATION LOTABLISHED |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged.

| K Robin | WON. | |
|---------------------------------------|------------|----------|
| 11. 110100 | | 09/01/21 |
| Kara Robinson Licensing Consultant | | Date |
| Approved By: | | |
| Guare Onwa | 09/10/2021 | |
| Dawn Timm Area Manager | | Date |