

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 25, 2021

Florica Bitis 9651 Janet St Taylor, MI 48180

RE: License #: AF820392532

**Good Samaritan Family Care** 

9651 Janet St Taylor, MI 48180

Dear Mrs. Bitis:

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. To verify your implementation and compliance with this corrective action plan: *choose one or more*)

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Lau A Rhele

Edith Richardson, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-1934

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

#### I. IDENTIFYING INFORMATION

**License #:** AF820392532

Licensee Name: Florica Bitis

Licensee Address: 9651 Janet St

Taylor, MI 48180

**Licensee Telephone #:** (313) 622-2401

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Good Samaritan Family Care

Facility Address: 9651 Janet St

Taylor, MI 48180

**Facility Telephone #:** (313) 622-2401

Original Issuance Date: 02/14/2019

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

**AGED** 

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/20/2021	
Date of Bureau of Fire Services Inspection if applicable:	
Date of Health Authority Inspection if applicable:	
Insp	ection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	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 \( \subseteq \text{No} \subseteq \text{N/A} \text{ \endown} \) If no, explain. Water temperatures checked? Yes \( \subseteq \text{ No} \subseteq \text{ If no, explain.} \)
•	
•	Incident report follow-up? Yes  No  If no, explain.  N/A
•	Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: 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 400.1426 Maintenance of premises.

(1) The premise shall be maintained in a clean and safe condition.

Oxygen and other combustibles were being stored in the heat plant room.

## IV. RECOMMENDATION

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

Edith Richardson

Licensing Consultant

Zace RRhe

08/25/2021

Date