



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 26, 2021

Lisa Murrell
Community Living Centers Inc
33235 Grand River
Farmington, MI 48336

RE: License #: AM630009277
CLC Farmington Freedom
22550 Farmington Road
Farmington, MI 48336

Dear Ms. Murrell:


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:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

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 (248) 975-5053.

Sincerely,

A handwritten signature in dark ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AM630009277
Licensee Name:	Community Living Centers Inc
Licensee Address:	33235 Grand River Farmington, MI 48336
Licensee Telephone #:	(248) 478-0870
Administrator/Licensee Designee:	Lisa Murrell
Name of Facility:	CLC Farmington Freedom
Facility Address:	22550 Farmington Road Farmington, MI 48336
Facility Telephone #:	(248) 477-2336
Original Issuance Date:	04/14/1980
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/25/2021

Date of Bureau of Fire Services Inspection if applicable: 06/03/2021

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 4
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
- 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: 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 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.

During the on-site inspection on 08/25/2021, Resident A's and Resident B's resident care agreements completed on 02/17/2021 were not signed by their responsible agency Macomb Oakland Regional Center's supports coordinator.

R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	(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: (b) Any accident or illness that requires hospitalization.

During the on-site inspection on 08/25/2021, Resident A was hospitalized on 06/03/2021 and 07/06/2021, but staff did not complete an incident report nor submit the incident report to the adult foster care licensing division within 48 hours of hospitalization.

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the on-site inspection on 08/25/2021, I reviewed Resident A's medication logs and found the following error:

- **Feasol Ferrous Sulfate 325MG PO TAB:** take one tablet by mouth every other day on even days at 7AM was given on an odd day 09/01/2020 and not given on the even day 09/02/2020.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 09/09/2019; CAP Dated 09/24/2019

R 400.14312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>

During the on-site inspection on 08/25/2021, I reviewed Resident A's medications and medication logs and found the following errors:

- Cellcept: take one capsule by mouth twice daily was given on 08/17/2021 at 9PM, but staff did not initial the medication log.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 09/09/2019; CAP Dated 09/24/2019

R 400.14312	Resident medications.
	<p>(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:</p> <p>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</p>

During the on-site inspection on 08/25/2021, I reviewed Resident A's and Resident B's medication logs and found the following medication errors:

- Resident A's **Tylenol 325MG**: give two tablets for pain by mouth as needed was given on 04/17/2021, but the reason for this as needed medication was not recorded.
- Resident A's **Milk of Magnesia 30ML**: take by mouth if no bowel movement (BM) or three small BMs in three straight days as needed was given on 02/16/2021, 02/19/2021, 02/26/2021, 03/23/2021, and 03/31/2021, but the reason for this as needed medication was not recorded.
- Resident A's **Xanax**: take one tablet by mouth for up to four times daily as needed for agitation and aggression was given on from 04/01/2020-04/14/2020 and from 05/11/2020-05/31/2020 at 7AM, 4PM and 9PM, but this reason for this as needed medication was not recorded.
- Resident B's **Neosporin**: apply three times a day as needed for scrape or cuts was applied from 09/19/2021-09/25/2021 in the PM, but the reason for this as needed medication was not recorded.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 09/09/2019; CAP Dated 09/24/2019

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: (d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

During the on-site inspection on 08/25/2021, I reviewed Resident A's medication logs and found the following errors:

- **Xanax**: take one tablet by mouth for up to four times daily as needed for agitation and aggression was given from 05/11/2020-05/31/2020 and 04/01/2020-04/14/2020 at 7AM, 4PM and 9PM. A review process with the residents prescribing physician was not conducted to evaluate the resident's condition for the repeated and prolonged use of this as needed medication.

R 400.14315	Handling of resident funds and valuables.
	(11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account.

During the on-site inspection on 08/25/2021, I reviewed both Resident A's and Resident B's resident care agreements both dated 02/17/2021. Resident A required written authorization for any amount above \$50 and Resident B required written authorization for any amount above \$100 for the resident or their designated representative. According to the fund's part II forms for Resident A in 2021 and Resident B in 2021, withdrawals were made over the agreed amount and there were no written authorization by Resident A or Resident B's designated representative.

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.

During the on-site inspection on 08/25/2021, I reviewed the emergency and evacuation procedures, and an evening drill was not conducted in the second quarter of 2020.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 09/09/2019; CAP Dated 09/24/2019

R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the on-site inspection on 08/25/2021, the hot water temperature in the kitchen was 71.2° Fahrenheit, bathroom #1 72.0° Fahrenheit and in bathroom #2 97.7° Fahrenheit which is below the range of 105°-120° Fahrenheit.

R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

During the on-site inspection on 08/25/2021, pieces of the vertical blinds in bedroom #2 and bedroom #3 were missing.

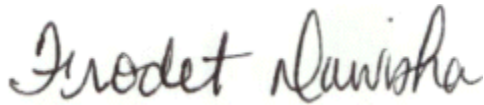
R 400.14511	Flame-producing equipment; enclosures.
	(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

During the on-site inspection on 08/25/2021, the automatic self-closing door located on the main floor of the furnace and hot water tank was not closing properly.

A corrective action plan was requested and approved on 08/25/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

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



08/26/2021

Frodet Dawisha
Licensing Consultant

Date