



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 23, 2021

Sanjay Rattan
Marys Residential Care for Seniors Inc
5701 Chicago Road
Warren, MI 48092

RE: License #: AL500007236
Marys Senior Center
35225 Silvano
Clinton Twp, MI 48035

Dear Mr. Rattan:

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 and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License#: AL500007236

Licensee Name: Marys Residential Care for Seniors Inc

Licensee Address: 35225 Silvano
Clinton Twp, MI 48035

Licensee Telephone #: (248) 844-1407

Licensee/Licensee Designee: Sanjay Rattan

Administrator: Sanjay Rattan

Name of Facility: Marys Senior Center

Facility Address: 35225 Silvano
Clinton Twp, MI 48035

Facility Telephone #: (586) 790-0640

Original Issuance Date: 03/09/1979

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/27/2021

Date of Bureau of Fire Services Inspection if applicable: 09/14/2021

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 3
No. of residents interviewed and/or observed 10
No. of others interviewed N/A Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
I observed medications.
- 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 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

There was no physician statement at hire for direct care staff Rianna Palmer. Ms. Palmer was hired on 06/03/2020 and a physical was not completed until 03/26/2021.

There was no physician statement at hire for direct care staff Natia Reese. Ms. Reese was hired on 01/11/2021 and the physical exam in the employee record was dated for 10/20/2020.

R 400.15312 Resident medications.

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

I observed that Resident A medication for Escitalopram 20mg is to be administered at 8AM daily was filled on 07/03/2021. For the month of August, the pills were out of the pill pack only for 08/28/2021, 08/29/2021, 08/30/2021 and 08/31/2021.

Resident A's medication Atorvastatin 20 mg is to be administered at 8PM daily and was filled on 07/13/2021. The pills were out of the pill pack only for 08/01/2021, 08/02/2021, 08/03/2021, 08/41/2021, 08/05/2021, 08/06/2021, 08/07/2021, and 08/08/2021.

R 400.15313 Resident nutrition.

(5) Records of menus, including special diets, as served shall be provided upon request by the department.

I observed that Resident B is prescribed a diabetic and low salt diet and there was no menu documenting the special diet.

R 400.15401 Environmental health.

(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

I observed that there was no lid on the garbage can in the kitchen.

R 400.15402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

I observed that there was a broken thermometer in the refrigerator.

R 400.15403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

I observed that paint was chipping in bathroom.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/23/2021

LaShonda Reed
Licensing Consultant

Date