



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 30, 2021

Renelda Kuntzman
Above And Beyond Senior Care LLC
3611 Alderdale Drive
Sterling Heights, MI 48310

RE: License #: AS500403571
Above And Beyond Senior Care
3611 Alderdale Drive
Sterling Heights, MI 48310

Dear Ms. Kuntzman:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100
Detroit, MI 48202
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS500403571
Licensee Name:	Above And Beyond Senior Care LLC
Licensee Address:	3611 Alderdale Drive Sterling Heights, MI 48310
Licensee Telephone #:	(586) 272-4445
Licensee Designee:	Renelda Kuntzman
Administrator:	Renelda Kuntzman
Name of Facility:	Above And Beyond Senior Care
Facility Address:	3611 Alderdale Drive Sterling Heights, MI 48310
Facility Telephone #:	(586) 272-4445
Original Issuance Date:	10/15/2020
Capacity:	6
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/15/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

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 3

No. of others interviewed 1 Role: LD/Admin

- 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:
CAP Date: 4/26/2021 - as301(6), as301(4), as318(5), as204(3), as208(1),
asec734b(2), as312(2) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

NOTE: This facility is currently on a provisional license, effective 4/28/2021, due to quality of care violations.

This facility was found to be in non-compliance with the following rules:

MCL 400.734b

Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a

relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

REPEAT VIOLATION ESTABLISHED

**Reference Licensing Study Report (LSR) dated 4/14/2021;
CAP dated 4/26/2021**

Criminal history checks have not been completed for direct care staff, Brian Kuntzman and Benjamin Kuntzman. At the time of the onsite inspection, Ms. Kuntzman provided Liquor Control Commission live scan background check forms that she had direct care staff complete in April 2021, but never followed up on the results nor received confirmation that the clearances were completed. Ms. Kuntzman acknowledged that she completed incorrect fingerprinting paperwork and has not yet logged into her Workforce Background Check website account.

R 400.14208 Direct care staff and employee records.

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.

(b) Job titles.

(c) Hours or shifts worked.

(d) Date of schedule.

(e) Any scheduling changes.

At the time of the onsite inspection, Ms. Kuntzman reported that she is not maintaining a daily staff schedule with all of the above information, as required per licensing rules.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless

prior authorization for a substitute form has been granted, in writing, by the department.

The health care appraisals for Resident A, Resident B, Resident C, Resident D and Resident E were not completed and signed by each residents' primary care doctor's office. Ms. Kuntzman stated that she is a licensed nurse and completed and signed all residents' health care appraisal forms in lieu of their primary care physicians.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

I found the following medication discrepancies for Resident E:

- Resident E's prescription medications, Omeprazole 40mg and Levothyroxine 112mcg, were located in Resident E's bedroom dresser drawer. The dresser drawer did not have a lock on it.
- Resident E's MAR listed Vitamin D3 50mcg (2,000 units) capsule, take one cap daily, which, according to the MARS, is being administered once daily at 9:00am. In Resident E's medication bin was a bottle of over-the-counter D3 1,000 IU vitamin supplement. Ms. Kuntzman did not have a written prescription order available for review to confirm the prescription and dosage for this medication.
- Resident E's MAR listed Vitamin B12, one tablet to be taken daily. The MAR did not list the dosage to be administered. In Resident E's medication bin was an over-the-counter bottle of B12 500 mcg. Ms. Kuntzman did not have a written prescription order for this medication available for review to confirm the prescription and dosage for this medication.
- Resident E's MAR listed Tylenol Extra Strength 500 mg, take one tablet daily; 2nd tablet as needed for pain. In Resident E's medication bin was an over-the-counter bottle of Tylenol 500 mg. Ms. Kuntzman did not have a written prescription order available for review to confirm the daily prescription, PRN order and dosage for this medication.
- Resident E's MAR listed the prescription for Calcium 500 mg, take two tablets in morning, daily. The MAR reads that two capsules are being administered daily at 9:00am to Resident E. In Resident E's medication bin was an over-the-counter bottle of Calcium 300 mg. I was unable to locate a bottle of

Calcium 500 mg. Ms. Kuntzman did not have a written prescription order available or review to confirm the prescription and dosage for this medication.

R 400.14312 Resident medications.

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

REPEAT VIOLATION ESTABLISHED
Reference Licensing Study Report (LSR) dated 4/14/2021;
CAP dated 4/26/2021

The following discrepancies were found for Resident A's prescription medications:

- Ascorbic Acid 500 mg prescription medication, to be taken two times daily, was not onsite at the facility. Ms. Kuntzman stated the medication ran out and she is unsure when the new prescription will be available for pickup and/or delivery.

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.

The following medication discrepancies were found for Resident A's prescription medication dosage:

- Resident A's Methocarbamol 500 mg prescription label listed the dosage as "One tablet by mouth twice daily as needed for muscle relaxant." Resident A's MAR listed the dosage as, "One tablet by mouth 4 times daily as needed."

The following discrepancies were found for Resident E's prescription medication dosage:

- Resident E's Magnesium Lactate prescription label listed the dosage as 84 mg, one tablet by mouth daily. The MAR listed the dosage as, "Magnesium Lactate 210 mg, to be taken one time daily."

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:

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

The following medication discrepancies were found for Resident B:

- Acetaminophen 500 mg PRN was administered 30 times between the dates of 10/1/2021 and 10/15/2021, with no written documentation of the reason for each administration of the medication.
- Alprazolam 0.5 mg PRN was administered 22 times between the dates of 10/1/2021 – 10/14/2021, with no written documentation of the reason for each administration of the medication.

The following medication discrepancies were found for Resident C:

- Lorazepam 1 mg PRN was administered 14 times between the dates of 10/1/2021 and 10/14/2021, with no written documentation of the reason for each administration of medication.

The following medication discrepancies were found for Resident E:

- Alprazolam 50 mg PRN was administered to Resident E 14 times between the dates of 10/1/2021 and 10/14/2021, with no documentation of the reason for each administration of the medication.
- Tylenol Extra Strength 500 mg PRN was administered to Resident E for 14 days between the dates of 10/1/2021 – 10/14/2021, with no documentation of the reason for each administration of the medication.

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.

The following medication discrepancies were found for Resident B:

- The MAR listed the prescription, Acetaminophen 500 mg tablet, as a PRN, to be taken once every six hours as needed for pain. The MAR documented that this medication was administered to Resident B 30 times between the dates

of 10/1/2021 – 10/14/2021. Despite Resident A requiring repeated use of this medication, Ms. Kuntzman stated that a review process of this medication, with the prescribing physician, has not been completed.

- The MAR listed Alprazolam 0.5 mg tablet, as a PRN, to be taken three times a day as needed for agitation. The MAR documented that this medication was administered to Resident B 22 times between the dates of 10/1/2021 – 10/14/2021. Despite Resident A requiring repeated use of this medication, Ms. Kuntzman stated that a review process of this medication, with the prescribing physician, has not been completed.

The following medication discrepancies were found for Resident E:

- Alprazolam 50 mg PRN was administered to Resident E 14 times between the dates of 10/1/2021 - 10/14/2021. Despite Resident E requiring repeated use of this medication, Ms. Kuntzman stated that a review process of this medication, with the prescribing physician, has not been completed.

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:

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

The following medication discrepancies were found for Resident B:

- The MAR listed the prescription, Acetaminophen 500 mg tablet, as a PRN, to be taken once every six hours as needed for pain. The MAR documented this medication as a routine medication, with a daily administration time of two times per day at 8:00am and 8:00pm.
- The MAR listed Alprazolam 0.5 mg tablet, as a PRN, to be taken three times a day as needed for agitation. The MAR documented that this medication as a routine medication, with a daily administration time of 9:00pm.

The following medication discrepancies were found for Resident C:

- The MAR lists the prescription medication, Lorazepam 1 mg tablet, to be taken two times a day as needed. The MAR documented this medication as a routine medication, to be administered daily at 9:00pm.

The following medication discrepancies were found for Resident E:

- The MAR lists the prescription medication, Alprazolam 50 mg tablet, to be taken once daily as needed for sleep. The MAR documented this medication as a routine medication, to be administered at 8:00pm on a daily basis.
- Tylenol Extra Strength 500 mg tablets, to be taken once daily and 2nd tablet as needed for pain. The MAR documents this medication as a routine medication, to be administered two times daily, at 9:00am and 9:00pm.

R 400.14312 Resident medications.

(6) A licensee shall take reasonable precautions to ensure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.

Resident E's prescription medications, Omeprazole 40mg and Levothyroxine 112mcg, were located in Resident E's bedroom dresser drawer. The dresser drawer did not have a lock on it.

Resident E's prescribed medication, Aspirin Adult Low Strength bubble pack, was found in Resident C's medication bin.

R 400.14313 Resident nutrition.

(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.

Resident A's *Health Care Appraisal* indicates that he has special dietary restrictions, including a diabetic diet of 1800 calories. The health care appraisal was completed and signed by Ms. Kuntzman on 9/1/2021. Ms. Kuntzman acknowledged that she is not a physician. Ms. Kuntzman did not have a written order from Resident A's primary care physician, available for review, to confirm that Resident E has been prescribed a special diet by a physician.

On 10/15/2021, I conducted an exit conference with Ms. Kuntzman. Ms. Kuntzman reported that she has made multiple medication changes due to family requests. Ms. Kuntzman acknowledged that she did not have all of the current medication prescription orders available for review at the time of the onsite inspection.

IV. RECOMMENDATION

I recommend refusal to renew the license.




10/27/2021

Stephanie Gonzalez
Licensing Consultant

Date

Approved by:



11/04/2021

Denise Y. Nunn
Area Manager

Date