



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 5, 2022

Morea, Lidia and Morea, Liviu-Ioan  
1354 Lamb Dr.  
Troy, MI 48085

RE: License #: AF630285293  
**The House of Hope**  
**1354 Lamb Dr.**  
**Troy, MI 48085**

Dear Mrs. Morea

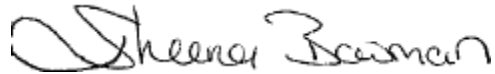
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 or home for the aged authorized representative 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 black ink that reads "Sheena Bowman". The signature is written in a cursive style with a large initial "S".

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

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

**I. IDENTIFYING INFORMATION**

**License#:** AF630285293

**Licensee Name:** Morea, Lidia and Morea, Liviu-Ioan

**Licensee Address:** 1354 Lamb Dr.  
Troy, MI 48085

**Licensee Telephone #:** (248) 524-1734

**Licensee/Licensee Designee:** N/A

**Administrator:**

**Name of Facility:** The House of Hope

**Facility Address:** 1354 Lamb Dr.  
Troy, MI 48085

**Facility Telephone #:** (248) 217-7485

**Original Issuance Date:** 01/30/2007

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/04/22

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 [redacted] Role: [redacted]

- 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.  
It was not mealtime during the onsite.
- 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:  
LSR CAP Approved 12/17/19; 407(6) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in non-compliance with the following applicable rules and statutes.

**R 400.1440            Heat producing equipment.**

(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.

The door for the water heater and the furnace is not equipped with an automatic self-closing device. There is also a circular hole in the door above the door handle. The second door with the second furnace is also not equipped with an automatic self-closing device.

**R 400.1422            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:
  - (vi) Name, address, and telephone number of the preferred physician and hospital.

Resident B's identification record is missing her preferred physician information.

**Rule 400.1407            Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is

determined that the resident is suitable pursuant to the following provisions:

(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.

Resident B is prescribed assistive devices however; her assistive devices are not documented in her assessment plan.

**R 400.1418            Resident medications.**

(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:

(a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

Resident B's November MAR is missing several staff initials for the following medications: Insulin Lispro, Bumex, Eliquis, Carvedilol, Famotidine, Melatonin, Trazodone, and Tylenol.

**R 400.1418            Resident medications.**

(2) Medication shall be given pursuant to label instructions.

The licensee, Lidia Morea is not writing the complete instructions for Resident A or Resident B's medications on the MAR. Mrs. Morea is also writing the medications in the wrong sections on the MAR such as; on the bottom of the MAR and in the single dose section on the MAR.

**R 400.1405            Health of a licensee, responsible person, and member of the household.**

(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.

Mr. and Mrs. Morea did not complete an annual physical for 2021.

**R 400.1418**

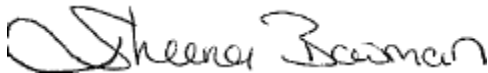
**Resident medications.**

(7) Prescription medication which is no longer required by a resident shall be destroyed after consultation with a physician or a pharmacist.

Resident B's Xanax expired on 05/29/21 and it was not properly disposed of by the licensee.

**IV. RECOMMENDATION**

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



Sheena Bowman  
Licensing Consultant

01/05/22  
Date