

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 10, 2022

lemelif Julian 1635 Millard Ave Madison Heights, MI 48071

RE: License #: AS630398410

Genesis Adult Foster Care Home IV 4906 Danbury Dr Troy, MI 48085

Dear lemelif Julian:

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,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B

51111 Woodward Avenue Pontiac, MI 48342

(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630398410

Licensee Name: lemelif Julian

Licensee Address: 1635 Millard Ave

Madison Heights, MI 48071

Licensee Telephone #: (248) 635-7685

Licensee/Licensee Designee: lemelif Julian

Administrator: lemelif Julian

Name of Facility: Genesis Adult Foster Care Home IV

Facility Address: 4906 Danbury Dr

Troy, MI 48085

Facility Telephone #: (248) 635-7685

Original Issuance Date: 07/12/2019

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGED

ALZHEIMERS

II. METHODS OF INSPECTION

Date	e of On-site Inspection(01/10/2022				
Date	Date of Bureau of Fire Services Inspection if applicable: N/A					
Date	e of Health Authority Ins	N/A				
Insp	pection Type:	☐ Interview and Observation☐ Combination	n ⊠ Worksheet □ Full Fire Safety			
No.	of staff interviewed and of residents interviewed of others interviewed	d and/or observed	2 4 dministrator			
•	Medication pass / simu	ılated pass observed? Yes $oxtimes$	No ☐ If no, explain.			
•	Medication(s) and med	dication record(s) reviewed? Y	es 🗵 No 🗌 If no, explain.			
•	Resident funds and associated documents reviewed for at least one resident? Yes \(\subseteq \ No \) If no, explain. Meal preparation / service observed? Yes \(\subseteq \ No \subseteq \ If no, explain. The inspection did not occur during a meal time. Fire drills reviewed? Yes \(\subseteq \ No \) If no, explain.					
•	Fire safety equipment	and practices observed? Yes	⊠ No If no, explain.			
•	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \) The inspection was conducted via Zoom due to a COVID positive resident. There was not a functional thermometer in the facility at the time of the inspection. Incident report follow-up? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \)					
•	Corrective action plan N/A ⊠	compliance verified? Yes	CAP date/s and rule/s:			
•	 -	mployees followed-up?	N/A ⊠			
•	Variances? Yes ☐ (p	lease explain) No 🗌 N/A 🔀				

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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)(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.

under the Genesis	a, Edwin Macareg, and Olive Mabuhay were not fingerprinted Adult Foster Care Home IV license. Instead, they were other licensed homes managed by lemelif Julian.				
R 400.14103	Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.				
	(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.				
Licensee lemelif Julian did not notify the department about live-in staff. A BCHS_AFC_100 was not completed for that staff.					
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.				
Resident C moved dated 05/07/2021.	into the facility on 09/03/2021. The health care appraisal was				
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.				
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if				

	applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.					
	tive devices (eg hospital bed) were not listed in her plan. s a prescription for the resident's devices.					
R 400.14403	Maintenance of premises.					
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.					
that the mattress is	tional mattress in one of the resident's bedroom. I was informed used by the one of the staff who stays overnight in the facility. The put the mattress doing the day, so it is stored in the resident's					
R 400.14408	R 400.14408 Bedrooms generally.					
	(2) A living room, dining room, hallway, or other room that is not ordinarily used for sleeping or a room that contains a required means of egress shall not be used for sleeping purposes by anyone.					
	oom for the live-in staff. Instead, the staff sleeps on a mattress in the facility. When not sleeping, the mattress is stored in one of coms.					
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.					
The door to the hea	at plant room did not positively latch.					

IV. RECOMMENDATION

Contingent upon r	eceipt of an	acceptable	corrective	action pla	n, renewal o	of the lice	ense
is recommended.							
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01/11/2022

DaShawnda Lindsey Licensing Consultant

Date