

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 11, 2022

Sandra Obakpolor Preciouscare Group Homes, Inc. 21175 Savannah Dr Clinton Twp., MI 48036

RE: License #: AS820289004

Preciouscare 1 12368 Evanston St Detroit, MI 48213

Dear Ms. Obakpolor:

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 (313) 456-0380.

Sincerely,

LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3055

of Stevens

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

Due to COVID exposure of staff an onsite inspection was not completed.

I. IDENTIFYING INFORMATION

License #: AS820289004

Licensee Name: Preciouscare Group Homes, Inc.

Licensee Address: 21175 Savannah Dr

Clinton Twp., MI 48036

Licensee Telephone #: (313) 465-9199

Licensee/Licensee Designee: Sandra Obakpolor, Designee

Administrator:

Name of Facility: Preciouscare 1

Facility Address: 12368 Evanston St

Detroit, MI 48213

Facility Telephone #: (313) 526-9199

Original Issuance Date: 07/17/2007

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		01/11/2022	
Date of Bureau of Fire Services Inspection if applicable:			
Date of Health Authority Inspection if applicable:			
Inspection Type:	☐ Interview and Ob ☐ Combination	servation [☑ Worksheet ☑ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed N/A Role:			
 Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. A worksheet inspection was completed. 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. A worksheet inspection was completed. Fire drills reviewed? Yes ⋈ No ☐ If no, explain. 			
Fire safety equipment and practices observed? Yes $oximes$ No $oximes$ 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 Dating 01/10/2020; Rules, 803(6), 250(3), 208, 301(4), 301(6), 310(3), 403(1), 507(5) N/A Number of excluded employees followed-up? N/A 			
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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14205

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 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.

At the time of inspection staff O.P. did not have verification of a physical within 30 days of assumption of duties.

{3RDREPEAT VIOLATIN LSR DATING 01/22/2018& 01/10/2020}

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.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection Resident A's medication was of Metoprolol Tarte 25mg was not initialed as administered on 11/2/2021, Lantanoprost was not initialed as administered on 12/27/2021 and Lorazepam 1mg was not initialed as administered on 12/23/2021 and 12/31/2021.

R 400.14316 Resident records.

(2) Resident records shall be kept on file in the home for 2 years after the date of a resident's discharge from a home.

At the time of inspection, Resident B's file was not maintained at the facility for 2 years from the date of discharge.

IV. RECOMMENDATION

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

H Stevens 01/11/2022

LaKeitha Stevens Licensing Consultant Date