



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 5, 2022

Daniela Cleminte
Daniela's Serenity Care LLC
1278 Leon
Walled Lake, MI 48390

RE: License #: AS630398546
Daniela Serenity Care
1278 Leon
Walled Lake, MI 48390

Dear Mrs. Cleminte:

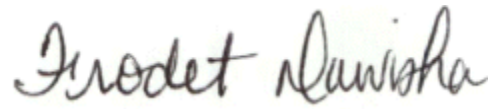
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630398546
Licensee Name:	Daniela's Serenity Care LLC
Licensee Address:	1278 Leon Walled Lake, MI 48390
Licensee Telephone #:	(248) 739-1964
Administrator/Licensee Designee:	Daniela Cleminte
Name of Facility:	Daniela Serenity Care
Facility Address:	1278 Leon Walled Lake, MI 48390
Facility Telephone #:	(248) 739-1964
Original Issuance Date:	07/12/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/04/2022

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 5
No. of others interviewed 1 Role: Licensee Designee

- 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.
Meal preparation did not occur during inspection
- 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 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

During the on-site inspection on 01/04/2022, Resident A did not have the resident care agreement completed annually in 2020 and 2021.

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: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 01/04/2022, I reviewed Resident A's and Resident B's medication logs and found the following errors:

- Resident A's **Aspirin 81MG EC**: take one tablet by mouth once daily was given at 9AM from 01/14/2021-01/19/2021, 01/22/2021-01/31/2021, 07/29/2021-07/31/2021, but staff did not initial the medication log.
- Resident A's **Mirtazapine TAB 15MG**: take one tablet by mouth at bedtime was given at 6PM on 01/28/2021, 01/30/2021, 01/31/2021, and 07/29/2021-07/31/2021, and at 4PM on 10/31/2021, but staff did not initial the medication log.
- Resident A's **Vitamin D Tab 1000 Unit**: take one tablet by mouth once daily was given at 9AM 01/28/2021, 01/30/2021, 01/31/2021 and from 07/27/2021-07/31/2021, but staff did not initial the medication log.
- Resident A's **Losartan Pot Tab 100MG**: take one tablet by mouth once daily was given at 9AM from 01/24/2021-01/31/2021 and 07/28/2021-07/31/2021, but staff did not initial the medication log.
- Resident A's **Trazodone Tab 50MG**: take one tablet by mouth at night was given at 6PM from 01/24/2021-01/31/2021 and 07/27/2021-07/31/2021, but staff did not initial the medication log.
- Resident A's **Stool Softener Tab 8.5-50MG**: take one tablet by mouth twice daily was given at 9AM and 6PM from 07/29/2021-07/31/2021, and at 6PM on 08/25/2021, but staff did not initial the medication log.
- Resident A's **Quetiapine Tab 25MG**: take one tablet by mouth three times daily was given at 9AM, 3PM and 6PM from 07/29/2021-07/31/2021 and at 9AM and 4PM on 10/31/2021, but staff did not initial the medication log.
- Resident A's **Amlodipine Tab 2.5MG**: take one tablet by mouth once daily was given at 9AM from 07/28/2021-07/31/2021, but staff did not initial the medication log.
- Resident A's **Atorvastatin Tab 20MG**: take one tablet by mouth once daily was given at 9AM from 07/28/2021-07/31/2021, but staff did not initial the medication log.
- Resident A's **Levothyroxine 75MCG Tablet**: take one tablet by mouth once daily was given at 9AM from 07/28/2021-07/31/2021, but staff did not initial the medication log.
- Resident B's **Ciprofloxacin 500MG Tab**: take ½ tablet by mouth twice a day for 14 days ended on 10/14/2021, but staff continued to initial the medication log from 10/15/2021-10/31/2021.

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.

During the on-site inspection on 01/04/2022, I reviewed Resident A's medication logs and found the following error:

- **Acetaminophen 325MG:** every six hours as needed was given at 6PM from 07/03/2020-07/31/2020, but the reason for this as needed medication was not recorded.

R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the on-site inspection on 01/04/2022, the hot water temperature was below the range of 105° - 120° Fahrenheit in the kitchen (85.8°), bathroom #1 (100°) and bathroom #2 (88.1°).

R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

During the on-site inspection on 01/04/2022, the pipe underneath the sink cabinet in bathroom #1 was leaking water.

R 400.14408	Bedrooms generally.
	(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

During the on-site inspection on 01/04/2022, bedroom #1 and bedroom #2 were not equipped with positive-latching-nonlocking-against-egress hardware.

A corrective action plan was requested and approved on 01/04/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



01/05/2022

Frodet Dawisha
Licensing Consultant

Date