

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 10, 2022

Paraschiva Rusu 25411 Norfolk Street Dearborn Heights, MI 48125

RE: License #: AF820314843

Love Care

25411 Norfolk Street

Dearborn Heights, MI 48125

Dear Ms. Rusu:

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,

Edith Richardson, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

(313) 919-1934

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

I. IDENTIFYING INFORMATION

License #: AF820314843

Licensee Name: Paraschiva Rusu

Licensee Address: 25411 Norfolk Street

Dearborn Heights, MI 48125

Licensee Telephone #: (313) 213-6146

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Love Care

Facility Address: 25411 Norfolk Street

Dearborn Heights, MI 48125

Facility Telephone #: (313) 213-61465998

Original Issuance Date: 04/25/2012

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/09/2022	
Date of Bureau of Fire Services Inspection if applicable:	
Date of Health Authority Inspection if applicable:	
Insp	ection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	
•	Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.
•	Fire safety equipment and practices observed? Yes \boxtimes No \square 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. N/A
•	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 400.1407

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

(3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A uses bedrails. This consultant determined that the bedrails are an assistive device. The use of bedrails is not specified in Resident A's written assessment plan.

Bedrails may pose a risk of serious harm, therefore the need for bedrails shall be authorized, in writing, by a licensed physician.

IV. RECOMMENDATION

Contingent upon submission of an acceptable corrective action plan, <u>I recommend</u> <u>issuance of a 2-year regular adult foster care license.</u>

Edith Richardson

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Licensing Consultant

02/11/2022 Date