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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 10, 2022

Roger Covill
North-Oakland Residential Services Inc
P. O. Box 216
Oxford, MI 48371

RE: License #: AS630339744
Edgar Home
8740 Andersonville Road
Clarkston, MI 48347

Dear Mr. Covill:

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 or
- 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 cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630339744
Licensee Name:	North-Oakland Residential Services Inc
Licensee Address:	106 S. Washington Oxford, MI 48371
Licensee Telephone #:	(248) 969-2392
Licensee Designee:	Roger Covill
Name of Facility:	Edgar Home
Facility Address:	8740 Andersonville Road Clarkston, MI 48347
Facility Telephone #:	(248) 625-4273
Original Issuance Date:	06/13/2013
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 330.1803	Facility environment; fire safety.
	(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

During the onsite inspection, the smoke detection system was not working. An alarm did not sound when the home manager tried to activate the alarm from the panel. The home manager contacted Quality First Fire and they were scheduled to come out to repair the alarm system on 03/09/22.

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.

During the onsite inspection, I reviewed the medications and medication administration records (MARs) for Resident N and Resident D. I noted the following:

- Staff noted on the back of Resident N’s October 2021 MAR that Resident N’s Lorazepam 1mg tab and Topiramate 50mg tab were not available in the home on 10/03/21, 10/07/21, 10/09/21, and 10/10/21. Initials were circled on 10/05/21 and 10/07/21 for the 6:00am dose of Lorazepam; on 10/07/21, 10/09/21, 10/10/21, 10/12/21 for the 6:00am dose of Topiramate 50mg; and on 10/10/21 for the 8:00pm dose of Topiramate 50mg. Staff initialed the MAR for other dates during this timeframe, when the medication was not available in the home. The home manager indicated that there were issues with getting the medications refilled. Staff were not consistently documenting when the medication was not given during this timeframe, as some staff circled their initials on the MAR, some staff initialed and made a note on the back of the MAR, and some staff initialed the MAR with no indication that the medication was not given.
- The label instructions for use on the bubble pack for Resident N’s Buspirone 30mg tab stated take 1 tablet by mouth twice a day. The March 2022 MAR stated take 1 tablet by mouth three times a day. The area manager indicated that the prescription was changed, but staff were using the pills that remained in the old bubble packs and had not updated the label. During the onsite inspection, she removed the old bubble packs and replaced them with the new medication that had been delivered with the correct label instructions for use.
- The label instructions for use on the bubble pack for Resident N’s Lorazepam stated 0.5mg take 1 tablet in the morning and 2 tablets at bedtime. The March 2022 MAR stated Lorazepam 1mg tab- take ½ tablet in the morning and 1 tablet at bedtime. Staff crossed out the number of tablets on the MAR and wrote 1 tab in the morning and 2 tablets in the evening but did not change the dosage.
- Resident D’s MAR notes Clotrimazole cream- apply topically twice a day PRN, but the label instructions on the cream stated apply topically twice a day and did not specify as needed.

Staff were not following proper medication training protocol by checking the 5 rights of medication passing and did not follow the proper documentation procedures for missed medications.

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 onsite inspection, I reviewed the medications and medication logs for Resident D. A reason was not recorded for each administration of Resident D's Clotrimazole cream, which was prescribed on an as needed basis.

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: (f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

During the onsite inspection, the home manager and area manager indicated that there were issues getting Resident N's psychotropic medications refilled. They stated that they made numerous contacts and eventually took Resident N to the hospital to get his medications refilled. There was no documentation on file to reflect the efforts that were made to obtain the medications or the instructions that were given regarding the missed medications.

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.

During the onsite inspection I observed the following:

- The wooden doorframes and doors throughout the facility were splintered and damaged from wheelchair use.
- There was a hole in the wall in Resident N's bedroom and the walls had been colored on.
- The window in Resident N's bedroom was broken.
- The light fixture in Resident N's bedroom was missing the globe.
- An outlet cover was missing in bedroom #2.

The area manager indicated that repairs had been scheduled for the maintenance issues in Resident N's bedroom, but they were not yet completed.

R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

During the onsite inspection, the oven door was dirty.

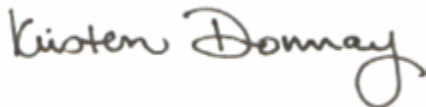
R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.
	(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

During the onsite inspection, the smoke detection system was not working. An alarm did not sound when the home manager tried to activate the alarm from the panel. The home manager contacted Quality First Fire and they were scheduled to come out to repair the alarm system on 03/09/22.

A corrective action plan was requested and approved on 03/09/2022. 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.



03/10/2022

Kristen Donnay
Licensing Consultant

Date