

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 10, 2022

Estera Pop 23600 Middlebelt Road Farmington Hills, MI 48336

RE: License #: AF630388988

Westview Care Home 23600 Middlebelt Road Farmington Hills, MI 48336

Dear Ms. Pop:

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 #:** AF630388988

**Licensee Name:** Estera Pop

**Licensee Address:** 23600 Middlebelt Road

Farmington Hills, MI 48336

**Licensee Telephone #:** (248) 631-6105

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Westview Care Home

Facility Address: 23600 Middlebelt Road

Farmington Hills, MI 48336

**Facility Telephone #:** (248) 631-6105

Original Issuance Date: 08/31/2017

Capacity: 6

Program Type: AGED

**ALZHEIMERS** 

#### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	03/01/2022, 03/09/2022							
Date of Bureau of Fire Services Inspection if applicable: N/A									
Date	e of Health Authority Inspection if applicabl	N/A							
Insp	pection Type: ☐ Interview and 0☐ Combination	)bservation							
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licens	see	0 4						
•	Medication pass / simulated pass observe	d? Yes⊠	No 🗌 If no, explain.						
•	Medication(s) and medication record(s) reviewed? Yes $oxed{\boxtimes}$ No $oxed{\square}$ If no, explain								
•	Yes ☑ No ☐ If no, explain.  Meal preparation / service observed? Yes ☐ No ☑ If no, explain.  The inspection did not occur during a meal time.								
•	Fire safety equipment and practices observed? Yes $oximes$ No $oximes$ 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 \( \subseteq \text{ No } \subseteq \text{ If no, explain.} \)  No applicable rule.  Incident report follow-up? Yes \( \supseteq \text{ No } \subseteq \text{ If no, explain.} \)  There were no incident reports.  Corrective action plan compliance verified? Yes \( \subseteq \text{ CAP date/s and rule/s:} \)  Renewal 2020- af418(4)(b), af407(9), asec734(b)(2) N/A \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \subseteq \text{ N/A } \subseteq \text{ N/A } \( \subseteq \text{ N/A } \( \subseteq \text{ N/A }								
•	Variances? Yes ☐ (please explain) No [	□ N/A 🖂							

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

R 400.1405	Health of a licensee, responsible person, and member of the household.  (3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.				
There was no ve last 3 years.	erification that licensee designee Estera Pop had a TB test within the				
R 400.1418	Resident medications.				
	(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:  (a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.				
administration re evening of 02/25 residents for the	initial Resident A's, Resident B's, or Resident C's medication ecord (MAR) to show administration of any of their meds from the 5/2022 until the end of the month. Also, there was no MAR for the month of March 2022.  ATION ESTABLISHED. Reference LSR 03/02/2020. CAP				
03/19/2020.					
R 400.1438	Emergency preparedness; evacuation plan; emergency transportation.				

### IV. RECOMMENDATION

Contingent upon re	eceipt of an	acceptable	corrective	action pla	an, renewal	of the	license
is recommended.							

03/10/2022

DaShawnda Lindsey Licensing Consultant

Date