



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 13, 2022

Gail Griffin
Metro Care Group LLC
C/O Marion Griffin
PO Box 1815
Dearborn, MI 48121

RE: License #: AS500307423
Nummer House
20965 Nummer
Warren, MI 48089

Dear Ms. Griffin:

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 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,

A handwritten signature in grey ink, appearing to be 'EJ'.

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

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| License #: | AS500307423 |
| Licensee Name: | Metro Care Group LLC |
| Licensee Address: | 16708 Huntington Detroit, MI 48219 |
| Licensee Telephone #: | (131) 332-0142 |
| Licensee/Licensee Designee: | Gail Griffin, |
| Administrator: | Gail Griffin, |
| Name of Facility: | Nummer House |
| Facility Address: | 20965 Nummer Warren, MI 48089 |
| Facility Telephone #: | (586) 771-5369 |
| Original Issuance Date: | 07/21/2011 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED |
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II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/02/2022

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 2

No. of residents interviewed and/or observed 2

No. of others interviewed N/A Role: [REDACTED]

- 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.
- 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.
None needed
- 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:

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| R 400.14203 | Licensee and administrator training requirements. |
| | <p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p> <p>(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.</p> |

During the onsite inspection on 06/02/22, I observed that Licensee Designee Gail Griffin only successfully completed 4.5 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement. Ms. Griffin have not completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

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| R 400.14312 | Resident medications. |
| | <p>(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:</p> <p>(a) Be trained in the proper handling and administration of medication.</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(i) The medication.</p> <p>(ii) The dosage.</p> <p>(iii) Label instructions for use.</p> <p>(iv) Time to be administered.</p> |

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| | <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(vi) A resident's refusal to accept prescribed medication or procedures.</p> <p>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</p> <p>(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.</p> <p>(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.</p> <p>(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.</p> |
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During the onsite inspection on 06/02/22, I observed a multitude of medication errors. I reviewed Resident A's medications and medication logs. I found the following medication errors:

- Resident A's medication log for Benztropine .5 MG was not initialed by staff on 06/01/22.
- Resident A's medication, Acetaminophen 500 MG and Clonazepam 0.5MG did not match the Medication Administration Record (MAR). The dosage on the Medication Administration Record (MAR) did not match the dosage on the label of the medication.
- There were no recorded reasons for each administration of medication that is prescribed on an as needed basis (PRN).
- Resident A's medications Escitalopram 10 MG and Loratadine 10 MG were not listed on the MAR.
- Resident A's medication Oxybutynin CL ER 5MG was listed on the MAR but the dosage was not listed.

- Resident A's medication Fluticasone Propionate 50mg nasal spray is prescribed twice a day but the MAR states to give the medication once daily.
- Resident A's medication Voltaren 1% is prescribed three times a day but the MAR states to give the medication twice a day.

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| R 400.14312 | Resident medications. |
| | (7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist. |

During the onsite inspection on 06/02/22, I observed a zip lock bag with a random assortment of pills. Ms. Griffin stated that they were old pills that should have been disposed of.

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| 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 onsite inspection on 06/02/22, I observed the hot water temperature for resident's use in the bathrooms and kitchen was above 120 degrees Fahrenheit at the faucet. Temperature was recorded at 126.1 degrees Fahrenheit at the faucet.

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| 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 onsite inspection on 06/02/22, I observed the bathtub/shower handle to be broken and no operational.

IV. RECOMMENDATION

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



06/16/22

Eric Johnson
Licensing Consultant

Date