

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 14, 2022

Paula Parkin Domus Vita Inc. 34050 Industrial Livonia, MI 48150

> RE: License #: AS820379359 Investigation #: 2022A0122032

Linda Vista

Dear Ms. Parkin:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

Vanon Beullin

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 395-4037

Enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS820379359
Investigation #:	2022A0122032
Complaint Receipt Date:	06/23/2022
Investigation Initiation Date:	06/27/2022
Report Due Date:	08/22/2022
Licensee Name:	Domus Vita Inc.
Licensee Address:	34050 Industrial
	Livonia, MI 48150
Licensee Telephone #:	(734) 293-0034
Administrator:	Paula Parkin
Licensee Designee:	Paula Parkin
Name of Facility:	Linda Vista
Facility Address:	12890 Linda Vista Court
	Belleville, MI 48111
Facility Telephone #:	(734) 293-0034
racinty reseptione #.	(104) 233-0034
Original Issuance Date:	04/06/2016
License Status:	REGULAR
License Status.	REGULAR
Effective Date:	10/06/2020
Expiration Date:	10/05/2022
Expiration Date.	10/03/2022
Capacity:	6
Drogram Type:	
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

Violation Established?

Guardian A did not give permission for Resident A's funds to be used to purchase washing machine and wheelchair scale for	Yes
facility use.	

III. METHODOLOGY

06/23/2022	Special Investigation Intake 2022A0122032 APS Referral ORR Referral
06/27/2022	Special Investigation Initiated - On Site Completed interviews with Jonell Sears and home manager.
06/27/2022	Contact – Document sent Email to Jonell Sears and Paula Parkin, Licensee Designee requesting fund information from Resident A.
06/27/2022	Contact – Telephone call made Guardian A. Unavailable left voice message.
06/28/2022	Contact – Telephone call received Completed interview with Guardian A.
06/30/2022	Contact – Document received Email from Ms. Parkin – Requested documentation from Resident A's file.
06/30/2022	Exit Conference Discussed findings with Paula Parkin, Licensee Designee

ALLEGATION: Guardian A did not give permission for Resident A's funds to be used to purchase washing machine and wheelchair scale for facility use.

INVESTIGATION: On 06/27/2022 I completed an interview with Jonell Sears. Ms. Sears confirmed that a washing machine and wheelchair scale had been purchased in October 2021 for facility use. Ms. Sears confirmed that Resident A's funds had

been used to make the purchases, however, she did not know if Guardian A had given permission for Resident A's funds to be used towards the purchases.

On 06/28/2022, I completed an interview with Guardian A. Guardian A confirmed that she had been informed by representative of Licensee Designee, Paula Parkin, that Resident A's funds had been used to purchase a washing machine and a wheelchair scale. Guardian A stated that she did not give permission for the use of Resident A's funds towards those purchases.

On 06/30/2022, I received the following: Letter of Guardianship dated 01/11/2018 which states that Guardian A will be responsible monetary decisions of Resident A for funds over \$50.00, Resident Care Agreement dated 01/24/2022 which does not state residents will be responsible for purchasing items for facility use, receipts showing Resident A's funds were used to purchase washing machine and wheelchair scale.

On 06/30/2022, I completed an interview and exit conference with Paula Parkin, Licensee Designee. Ms. Parkin confirmed that she did not seek Guardian A's permission to use Resident A's funds to purchase a washing machine and wheelchair scale. Ms. Parkin reported that the wheelchair scale had been given to Resident A and any additional funds owed to Resident A would be returned. I discussed my findings with Ms. Parkin to which she stated she understood my findings and would submit a corrective action plan to address rule violation found.

APPLICABLE RULE		
R 400.14315	Handling of resident funds and valuables.	
	(11) A licensee shall obtain prior written approval from a	
	resident and his or her designated representative before	
	charges are made to a resident's account.	

ANALYSIS: In October 2021, a washing machine and wheelchair scale was purchased using Resident A's funds without receiving Guardian A's permission. On 06/28/2022, Guardian A confirmed that she did not give permission to use Resident A's funds to purchase a washing machine or wheelchair scale. Letter of Guardianship dated 01/11/2018 states that Guardian A will be responsible for monetary decisions of Resident A for funds over \$50.00. On 06/30/2022, Paula Parkin, Licensee Designee, confirmed that she did not receive permission to use Resident A's funds to purchase a washing machine or wheelchair scale. Ms. Parkin reported that the wheelchair scale had been given to Resident A and any additional funds owed to Resident A would be returned. Based upon my investigation there is evidence to support that Guardian A did not give permission for Resident A's funds to be used to purchase washing machine or wheelchair scale. CONCLUSION: **VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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Contingent upon receipt and approval of a corrective action plan I recommend no change to the license status.

Vanita Beellen	
Vanita C. Bouldin Licensing Consultant	Date: 07/12/2022
Approved By:	
Ardra Hunter Area Manager	Date: 07/14/2022