

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 28, 2022

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

RE: License #: AS630384699

Westlyn Home

3859 Westlyn Drive Lake Orion, MI 48359

Dear Mr. Covill:

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 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,

Kristen Donnay, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Place

3026 W. Grand Blvd., Ste. 9-100

Kisten Donnay

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 #:	AS630384699
Licensee Name:	North-Oakland Residential Services Inc
Licensee Address:	106 S. Washington
	Oxford, MI 48371
	(0.40) 0.00 0.000
Licensee Telephone #:	(248) 969-2392
Licensee Designee:	Roger Covill
N 65 W) N/ (I I
Name of Facility:	Westlyn Home
Facility Address:	3859 Westlyn Drive
	Lake Orion, MI 48359
Facility Telephone #:	(248) 391-0822
Original Issuance Date:	02/09/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s	s): 07/28/2022	
Date	e of Bureau of Fire Serv	rices Inspection if applicable:	N/A
Date	e of Environmental/Hea	Ith Inspection if applicable: 05	5/10/2022
Insp	ection Type:	☐ Interview and Observatio☐ Combination	n ⊠ Worksheet □ Full Fire Safety
No.	of staff interviewed and of residents interviewed of others interviewed		2 3
•	Medication pass / simu	llated pass observed? Yes ∑	No ☐ If no, explain.
•	Medication(s) and med	lication record(s) reviewed? `	Yes ⊠ No 🗌 If no, explain.
•	Yes ⊠ No ☐ If no, e	sociated documents reviewed xplain. ⁄ice observed? Yes ⊠ No □	
•	Fire drills reviewed? Y	es ⊠ No □ If no, explain.	
•	Fire safety equipment	and practices observed? Yes	No ☐ If no, explain.
•	If no, explain.	pecial Certification Only) Yes ecked? Yes ⊠ No □ If no	
•	Incident report follow-u	p? Yes ⊠ No □ If no, expl	lain.
•	N/A 🗌	compliance verified? Yes ⊠	
•	Number of excluded er	nployees followed-up?	N/A 🔀
•	Variances? Yes ☐ (pl	ease explain) No 🗌 N/A 🔀	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

During the onsite inspection, weight records could not be located for Resident R for December 2020, January 2021, or February 2021.

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection, I observed that a pill remained in the bubble pack for Resident R's 7:00pm dose of Carbamazepine 300mg on 07/12/22. It appeared to have been punched out and taped back into the bubble pack. The home manager could not provide an explanation as to why the pill was still in the bubble pack and had not been administered.

During the onsite inspection, it was difficult to determine if medications were being given as prescribed. The home utilizes medication bubble packs, which are delivered on various dates throughout the month. There were no start dates written on the bubble packs and staff do not write the date on the bubble pack when they pass medications. All of the bubble packs had a different number of pills remaining for the month, so it could not be determined how many pills were passed this month.

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 noted the following:

- A reason was not recorded for each administration of Resident R's PRN Clonazepam 1mg tablet on 5/12/22, 05/21/22, or 06/23/22.
- Resident R's health care chronological indicated that he received his PRN Clonazepam on 05/28/22, but the medication administration record (MAR) was not initialed.

• On 04/01/22, there was an entry on the back of the MAR indicating that Resident R received his PRN Clonazepam, but the MAR was not initialed.

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: (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.

Resident B is prescribed Cetrizine 10mg- take one tablet once daily as needed. He was receiving the medication every day. There was no documentation showing that a review process was initiated.

R 400.14315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the onsite inspection:

- Resident R did not have a Funds Part I form on file.
- Resident R did not have a Funds Part II form on file showing his accounts or cash on hand for January, February, March, April, or June of 2022.

R 400.14315	Handling of resident funds and valuables.
	(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

Resident R's Funds Part II forms showed that there was more than \$200 in cash on hand throughout 2021 (Nov. 2021: \$1009.62; Oct. 2021: \$1009.62; Sept. 2021: \$1280.50; August 2021: \$1213.08; July 2021: \$254.38)

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:

- The toilet tank was missing the cover in bathroom #1.
- The latch on the door in bedroom #1 was broken.
- The door handle on the front door was loose and the frame was damaged.
- The paint was peeling and scuffed in the living room.

R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

During the onsite inspection, I observed that all three egress doors were equipped with a child-proof device around the door handle, which prevented the doors from opening in one motion.

IV. RECOMMENDATION

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

07/28/2022

Kristen Donnay Date Licensing Consultant