



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 28, 2022

Karen Goreta
Karen's Helping Hands
4425 High Street
Ecorse, MI 48229

RE: License #: AS820016275
Karen's Helping Hands
4425 High Street
Ecorse, MI 48229

Dear Ms. Goreta:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script, appearing to read "D Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #:	AS820016275
Licensee Name:	Karen's Helping Hands
Licensee Address:	4425 High Street Ecorse, MI 48229
Licensee Telephone #:	(313) 282-6158
Licensee/Licensee Designee:	Karen Goreta
Administrator:	Karen Goreta
Name of Facility:	Karen's Helping Hands
Facility Address:	4425 High Street Ecorse, MI 48229
Facility Telephone #:	(313) 388-2466
Original Issuance Date:	06/08/1995
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/25/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

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 [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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.
Meal preparation/service was not observed at the time of inspection.
- 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
CAP Dated 6/30/2020 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:

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.

At the time of inspection, Residents A medications were not initialed on 7/25/2022. Although the medications were not in the bubble pack, the person who administered the medications failed to initial at the time the medications were given.

Resident A

Vitamin D3 5,000-unit tablet; take one tablet by mouth everyday as directed, was not initialed at 8:00 a.m. No explanation provided.

Paliperidone ER 9MG tablet; take one tablet by mouth every day, was not initialed at 8:00 a.m. No explanation provided.

Pantoprazole TAB 20MG; take one tablet by mouth every day, was not initialed at 8:00 a.m. No explanation provided.

Amantadine 100MG tablet; take one tablet by mouth three times a day, was not initialed at 8:00 a.m. No explanation provided.

Clonazepam Tab 1MG; take one tablet by mouth three times daily, was not initialed at 8:00 a.m. No explanation provided.

Divalproex SOD ER 250MG TAB; take two tablets by mouth three times a day was not initialed at 8:00 a.m. No explanation provided.

R 400.14312 Resident medications.

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

At the time of inspection, Residents A medications were not given, taken, or applied pursuant to label instructions.

Resident A

Chlorhex GLU SOL 0.12%; swish one-half ounce for 45 seconds (then spit out) once a day, was not initialed at 8:00 a.m. This medication was being administered “as needed”, although the label indicates once a day.

Diclofenac Sodium 1% Gel; apply to affected area (hip) twice daily, was not initialed at 8:00 a.m. This medication was being administered “as needed”, although the label indicates twice daily.

Ciclopirox Sol 8%; apply topically toenail everyday as directed, was not initialed at 8:00 a.m. This medication was being administered “as needed”, although the label indicates every day.

Clotrimazole 1% Solution; apply to nail every day, was not initialed at 8:00 a.m. This medication was being administered “as needed”, although the label indicates every day.

Timolol Maleate 0.5% Eye Drops; instill one drop in each eye twice daily, was not initialed at 8:00 a.m. This medication was being administered “as needed”, although the label indicates twice daily.

IV. RECOMMENDATION

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



7/28/2022

Denasha Walker
Licensing Consultant

Date