



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 22, 2022

Denise Aleardi
The Aleardi Inn, LLC
34206 W. 13 Mile Rd.
Farmington Hills, MI 48331

RE: License #: AS630276214
Aleardi's Place of West Bloomfield I
6385 E. Norma Lee
West Bloomfield, MI 48301

Dear Ms. Aleardi:

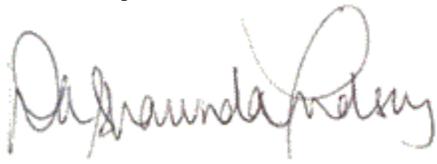
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

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 #: AS630276214

Licensee Name: The Aleardi Inn, LLC

Licensee Address: 34206 W. 13 Mile Rd.
Farmington Hills, MI 48331

Licensee Telephone #: (734) 788-3000

Licensee/Licensee Designee: Denise Aleardi

Administrator: Denise Aleardi

Name of Facility: Aleardi's Place of West Bloomfield I

Facility Address: 6385 E. Norma Lee
West Bloomfield, MI 48301

Facility Telephone #: (248) 788-0829

Original Issuance Date: 09/23/2005

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/08/2022

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 3
No. of residents interviewed and/or observed 6
No. of others interviewed 1 Role: licensee designee

- 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.
The inspection did not occur during a meal time.
- 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:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following rules:</p>	
<p>MCL 400.734b</p>	<p>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</p>
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

<p>Staff Nicole Parks was fingerprinted under adult foster care (AFC) Aleardi's 13 Mile (AS630338329) license. There was no verification staff LaRinda Olds and staff Kizzie Powell were fingerprinted in their file. I requested verification that Ms. Parks, Ms. Olds, and Ms. Powell were fingerprinted under AFC Aleardi's Place of West Bloomfield I (AS630276214) license during the onsite inspection on 08/08/2022. As of the date of this report, no verification was received.</p>	
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>There was no verification licensee designee completed at least 16 hours of training in 2020 and 2021. During the onsite inspection on 08/08/2022, I requested that verification of completion was sent to me. As of the date of this report, no verification was received.</p>	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	<p>(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.</p>
<p>There was no verification Ms. Olds and Ms. Powell completed an annual review in 2021. During the onsite inspection on 08/08/2022, I requested that verification of completion was sent to me. As of the date of this report, no verification was received.</p>	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	<p>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the</p>

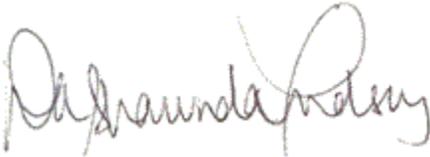
	resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
There was no verification Resident A and Resident B had a health care appraisal completed in 2021. Resident B was admitted into the facility on 12/26/2021. The only health care appraisal in his file was dated 08/04/2022. During the onsite inspection on 08/08/2022, I requested that verification of completion was sent to me. As of the date of this report, no verification was received.	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
There was no verification Resident A and Resident C had an assessment plan completed in 2021. During the onsite inspection on 08/08/2022, I requested that verification of completion was sent to me. As of the date of this report, no verification was received.	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
There was no verification Resident A and Resident C had a resident care agreement completed in 2021. During the onsite inspection on 08/08/2022, I requested that verification of completion was sent to me. As of the date of this report, no verification was received.	
R 400.14316	Resident records.

	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(a) Identifying information, including, at a minimum, all of the following:</p> <p>(vii) Medical insurance.</p> <p>(viii) Funeral provisions and preferences.</p>
<p>Resident A, Resident B, and Resident C did not have burial provisions listed on their information and identification form. Resident B and Resident C also did not have insurance information listed.</p>	
R 400.14403	Maintenance of premises.
	<p>(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.</p>
<p>There was no handrail in the shower area in one of the bathrooms.</p>	
R 400.14403	Maintenance of premises.
	<p>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</p>
<p>Resident A's and Resident C's bedroom door was damaged and need to be repaired.</p>	
R 400.14403	Maintenance of premises.
	<p>(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.</p>
<p>The walls throughout the facility need to be repaired and/or repainted. The dishwasher was leaking.</p>	
R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.
	<p>(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:</p>

	(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.
There was no smoke detector in the kitchen.	

IV. RECOMMENDATION

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



08/22/2022

DaShawnda Lindsey
Licensing Consultant

Date