



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 15, 2022

Simona Surugiu
Lilac Manor Inc
45449 Lilac Ln
Van Buren Twp, MI 48111

RE: License #: AS820408998
Lilac Manor
11784 Alois St.
Livonia, MI 48154

Dear Mrs. Surugiu:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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 blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820408998

Licensee Name: Lilac Manor Inc

Licensee Address: 45449 Lilac Ln
Van Buren Twp, MI 48111

Licensee Telephone #: (313) 212-5883

Licensee/Licensee Designee: Simona Surugiu, Designee

Administrator: Simona Surugiu

Name of Facility: Lilac Manor

Facility Address: 11784 Alois St.
Livonia, MI 48154

Facility Telephone #: (734) 744-7033

Original Issuance Date: 03/08/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/12/22

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 05

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
In-person contact was limited due to the Covid-19 pandemic to mitigate risks.
- 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.
- 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:

R 400.14204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(b) First aid.

Direct care workers, Christian Surugiu and Rebecca Iascurchi are not trained in First Aid.

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.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Mrs. Surugiu did not obtain a physician statement within 30 days of Christian Surugiu, Rebecca Iascurchi, and Rodica Iacoban assuming their job duties. Specially, Christian's date of hire is 4/12/22; his physician statement is dated 7/25/22, Rebecca's date of hire is 4/12/22; her physician statement is dated 6/14/22, and Rodica's date of hire is 4/25/22; her physician statement is dated 6/27/22. All 3 physician statements were completed late.

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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is

present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Mrs. Surugiu did not obtain TB test results before Christian, Rebecca, and Rodica assumed their job duties. Specifically, Christian's TB test results were read on 6/17/22; Rebecca's were read on 6/16/22, and Rodica's are dated 6/27/22. All 3 employees had TB tests completed after they started providing direct care to residents.

R 400.14208 Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
 - (f) Verification of reference checks.

Mrs. Surugiu did not obtain reference checks on Christian, Rebecca or Rodica.

A corrective action plan was requested and approved on 09/12/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

On 9/12/22, I completed an exit conference with Mrs. Surugiu. Mrs. Surugiu indicated she scheduled all Staff for a combination training to include CPR and First Aid, but the training facilitator omitted First Aid without her knowledge. In addition, Mrs. Surugiu reported the violations surrounding health care of Staff were an oversight. Mrs. Surugiu explained she is a new provider and did not intentionally obtain the information late. Mrs. Surugiu provided a similar explanation regarding the violation for not completing reference checks. She has submitted an acceptable corrective action plan with time frames for establishing compliance with the rule requirements.

It should also be noted, I observed children's toys and bikes on the premises. Mrs. Surugiu explained the items belong to her children. She explained the children are often at the facility while she is onsite assisting with paperwork. Mrs. Surugiu indicated she is not considered part of the staff-to-resident ratio when the children are present. Mrs. Surugiu understands the children cannot be present when she is directly responsible for the care of residents.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



09/15/22

Kara Robinson
Licensing Consultant

Date