



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 29, 2022

Joshua Stirbu
Amy's Place Assisted Living LLC
18361 Norwich
Livonia, MI 48152

RE: License #: AS820408857
Amy's Place Assisted Living LLC
17251 Mayfield St
Livonia, MI 48152

Dear Mr. Stirbu:

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 six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 black ink, appearing to read 'Denasha Walker', with a horizontal line extending to the right.

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 #: AS820408857

Licensee Name: Amy's Place Assisted Living LLC

Licensee Address: 17251 Mayfield St
Livonia, MI 48152

Licensee Telephone #:

Licensee/Licensee Designee: Joshua Stirbu

Administrator: Joshua Stirbu

Name of Facility: Amy's Place Assisted Living LLC

Facility Address: 17251 Mayfield St
Livonia, MI 48152

Facility Telephone #: (847) 477-5801

Original Issuance Date: 03/29/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/20/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1
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.
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.
- 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 400.14205 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.

At the time of inspection, direct care staff Jean Raymond's written evidence that she had been tested for communicable tuberculosis did not appear to be authentic and had been altered. I asked Joshua Stirbu about the document's authenticity, and he denied having any knowledge of the document being altered.

On 09/20/2022, I received an email from Joshua Stirbu stating, "She has the vaccine and has not been tested. The paperwork that I have on file of Jeans TB testing is false and I apologize for the incorrect information." Joshua also provided a written script from the treating physician stating, "It is my understanding she has had the TB vaccine, those needing TB vaccine should not have to be tested."

R 400.14206 Staffing requirements.

(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

At the time of inspection, I observed the assessment plans and health care appraisals for 6 residents that outline the need of a therapeutic device, i.e. cane, walker or wheelchair and 1 resident that is bed bound.

Joshua Stirbu explained that the staff to resident ratio is 2:6 during wake hours most days and 1:6 during sleep hours. Based on the residents needs there is insufficient staffing on duty for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plans. Joshua was unable to provide a copy of a written staff schedule.

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:
(e) Verification of experience, education, and training.

At the time of inspection, licensee Joshua Stirbu failed to maintain a record for each employee containing verification of education, and training.

- Jean Raymond's employee file did not contain verification of education.
- Jessica Grasl's employee file did not contain verification of experience or training. Ms. Grasl's file did not contain verification of the following trainings: reporting requirements, resident rights, or medication administration.

Mr. Stirbu stated the staff to resident ratio during the midnight shift is 1:6 and Jessica Grasl works the midnight shift.

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.

At the time of inspection, Resident A's assessment plan was not completed, pages 2-3 were missing, and the assessment plan was not signed by Resident A's designated representative.

Mr. Stirbu stated Resident A's designated representative took the documents from the home to review and sign; and failed to return the documents.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which

specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

At the time of inspection, Resident A's resident care agreement was not complete, the first page was missing.

Mr. Stirbu stated Resident A's designated representative took the documents from the home to review and sign; and failed to return the documents.

R 400.14312

Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or

applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

At the time of inspection, I observed over-the-counter medications in Residents B and C's medication bin. I asked Joshua Stirbu if he has a standing medication order (SMO) for the over-the-counter medications and he said no.

Resident B's medication bin included Tylenol Acetaminophen Extra Strength 500mg; B12mcg; ALLER-TEC Cetirizine Hydrochloride Tablets 10mg Antihistamine; D3 25mg (1000iu). According to the medication administration records (MARs), the medication was administered as follows:

- Tylenol Acetaminophen Extra Strength 500mg, twice daily at 8:00 a.m. and 4:00 p.m.
- B12 1000mcg, take one tablet once daily by mouth at 8:00 a.m.
- ALLER-TEC Cetirizine Hydrochloride Tablets 10mg Antihistamine; take one tablet once daily by mouth at 8:00 a.m.
- D3 25mg (1000iu); take one tablet once daily by mouth at 8:00 a.m.

According to Joshua Stirbu, Resident B's husband instructed him on how often to administer the medications.

Residents C's medication bin included B12 1000mcg, take one tablet once daily by mouth at 8:00 a.m. According to the medication administration records (MARs), the medication was administered as follows:

- B12 1000mcg, take one tablet once daily by mouth at 8:00 a.m.

According to Mr. Stirbu, Resident C's designated representative instructed him on how often to administer the medication.

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, Resident D's Levothyroxin TAB 75mcg did not contain the initials of the person who administered the medication at the time the medication was given on 09/09/2022, 09/10/2022 and 09/11/2022. No explanation provided.

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:

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

At the time of inspection, Resident B's Omeprazole DR 20mg GAP label was altered. The label instructions were as follows: take two capsules by mouth daily. A line was drawn through two and replaced with one. I asked Joshua Stirbu if the medication was modified by the physician or a pharmacist and he said no, Resident B's husband instructed him to adjust the medication.

R 400.14201

Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.

(9) A licensee and the administrator shall possess all of the following qualifications:

(a) Be suitable to meet the physical, emotional, social, and intellectual needs of each resident.

(b) Be capable of appropriately handling emergency situations.

(c) Be capable of assuring program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with the resident's assessment plan and care agreement.

Based on the findings during this inspection, Joshua Stirbu has failed to demonstrate the administrative capabilities to assure program planning, development, and implementation of services to residents consistent with the home's program statement in accordance with the resident's assessment plan and care agreement, evidence by reviewing the resident files and multiple medication errors.

On 09/23/2022, I completed an exit conference with Joshua Stirbu, Licensee Designee regarding the findings. I explained that based on the quality-of-care violations, I am recommending a provisional license. Mr. Stirbu said he understood and stated that during this renewal period it has been difficult maintaining the business. He said he intends to correct the deficiencies, hire staff and be more instrumental in the daily operations. I explained to Mr. Stirbu that due to the

violations cited in the report, a written corrective action plan is required, in which Mr. Stirbu agreed to submit.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



09/29/2022

Denasha Walker
Licensing Consultant

Date

Approved by:



09/29/2022

Ardra Hunter
Area Manager

Date