



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 3, 2022

Julie Wiley
23845 Lee Baker Drive
Southfield, MI 48075

RE: License #: AS630086106
L & W Adult Foster Care Home
23845 Lee Baker
Southfield, MI 48075

Dear Ms. Wiley:

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 and a date.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630086106
Licensee Name:	Julie Wiley
Licensee Address:	23845 Lee Baker Drive Southfield, MI 48075
Licensee Telephone #:	(313) 790-4327
Licensee Designee:	Julie Wiley
Administrator:	Maurice Latham
Name of Facility:	L & W Adult Foster Care Home
Facility Address:	23845 Lee Baker Southfield, MI 48075
Facility Telephone #:	(248) 355-2294
Original Issuance Date:	09/28/1999
Capacity:	6
Program Type:	MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/02/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: licensee

- 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.
Renewal inspection was not conducted during 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.
There were no incidents to follow up on
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
400.14312(4)(c), 400.14301(6), 400.14301(10), 400.14301(4), 400.14316(1),
400.734(b), 400.14203(1), 400.14205(2) 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 400.14203	Licensee and administrator training requirements.
	(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: (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.

During the onsite inspection completed on 11/02/22, licensee Julie Wiley did not provide proof of 16 hours of training completed in 2021.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 11/12/2020; CAP dated: 11/13/2020

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.

During the onsite inspection completed on 11/02/22, there was no proof that direct care staff, Talease Hawkins completed a physical within 30 days of hire.

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.
	(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.
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During the onsite inspection completed on 11/02/22, there was no annual health review on file for direct care staff, Theresa Washington and/or direct care staff Talease Hawkins.

R 400.14209	Home records; generally.
	(1) A licensee shall keep, maintain, and make available for department review, all the following home records: (e) A resident register.

During the onsite inspection completed on 11/02/22, there was no resident register on file and available for review.

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.

During the onsite inspection completed on 11/02/22, there was no 2021 assessment plan on file for Resident A and no 2022 assessment plan on file for Resident B.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report dated 11/12/2020; CAP dated 11/13/2020

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.

During the onsite inspection completed on 11/02/22, there was no 2021 resident care agreement on file for Resident A and no 2022 resident care agreement on file for Resident B.

R 400.14306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

During the onsite inspection completed on 11/02/22, I observed that Resident A uses a hospital bed and a Hoyer lift. These assistive devices are not noted in Resident A's assessment plan. Resident A's assessment plan indicates she uses a walker and a wheelchair.

R 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the onsite inspection completed on 11/02/22, there was no prescription on file for the following assistive devices:
 Resident A - walker, wheelchair, hospital bed, Hoyer lift
 Resident B - walker

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.

During the onsite inspection completed on 11/02/22, I observed one oval shaped, white pill in an unlabeled zip lock bag. The name, dosage, and who the medication is prescribed to is unknown.

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: (a) Be trained in the proper handling and administration of medication.

During the onsite inspection completed on 11/02/22, there was no medication administration training on file for direct care staff, Talease Hawkins.

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.

Resident A is prescribed Tramadol HCL 50 mg, take 1 tablet every 8 hours as needed for pain. This medication was administered to Resident A on the following dates: 9/14/22, 10/13/22, 10/14/22, 10/15/22, and 10/16/22. There was no record of the reason for each administration of the medication.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report dated 11/12/2020; CAP dated 11/13/2020

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a 6 month provisional license is recommended.

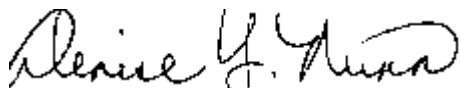


11/02/2022

Johnna Cade
Licensing Consultant

Date

Approved by:



11/03/2022

Denise Y. Nunn
Area Manager

Date