



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 10, 2022

Merdinia Camitan  
Faustina Senior Care  
11860 Canterbury Drive  
Warren, MI 48093

RE: License #: AS500407913  
**Faustina Senior Care**  
**13431 E 12 Mile Road**  
**Warren, MI 48088**

Dear Ms. Camitan:

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 that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500407913
<b>Licensee Name:</b>	Faustina Senior Care
<b>Licensee Address:</b>	13431 E 12 Mile Road Warren, MI 48088
<b>Licensee Telephone #:</b>	(586) 222-5374
<b>Licensee/Licensee Designee:</b>	Merdinia Camitan
<b>Administrator:</b>	Merdinia Camitan
<b>Name of Facility:</b>	Faustina Senior Care
<b>Facility Address:</b>	13431 E 12 Mile Road Warren, MI 48088
<b>Facility Telephone #:</b>	(586) 222-5374
<b>Original Issuance Date:</b>	05/19/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/09/2022

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with staff.
- 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.  
Inspection did not occur during a meal preparation.
- 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:

<p><b>R 400.14205</b></p>	<p><b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b></p>
	<p><b>(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.</b></p>
<p>Staff, Florence Beltran, was hired on 08/30/2022. A medical statement was not completed until 10/14/2022. A medical statement shall be obtained within 30 days of employment.</p>	
<p><b>R 400.14205</b></p>	<p><b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b></p>
	<p><b>(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.</b></p>
<p>Staff, Florence Beltran, did not have verification of TB test in employee file. TB test date was listed on an unsigned medical clearance request form.</p>	
<p><b>R 400.14208</b></p>	<p><b>Direct care staff and employee records.</b></p>
	<p><b>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:</b>  <b>(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.</b></p>

	<p><b>(b) Job titles.</b>  <b>(c) Hours or shifts worked.</b></p>
<p>The staff schedule did not include job titles of staff listed. Hours or shifts were not included on all dates.</p>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(5) Records of menus, including special diets, as served shall be provided upon request by the department.</b>
<p>Home did not have record of menus as served for Resident A's low sodium diet.</p>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<b>(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.</b>
<p>During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be as high as 129.4 degrees Fahrenheit.</p>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.</b>
<p>During the onsite inspection, I observed that Bathroom #2 did not have nonskid surfacing or strips in shower.</p>	
<b>R 400.14505</b>	<b>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.</b>
	<b>(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.</b>
<p>During the onsite inspection, there was a smoke detector beeping in the home. The detector needs maintenance and/or battery replacement.</p>	

#### IV. RECOMMENDATION

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

*Kristine Cilluffo*

11/10/2022

---

Kristine Cilluffo  
Licensing Consultant

Date