



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 22, 2022

Tatjana Savich
Angelica's Place
328 E. Lafayette
Romeo, MI 48065

RE: License #: AH500378045

Dear Ms. Savich:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 home for the aged authorized representative and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500378045
Licensee Name:	Angelica's Place of Romeo, Inc.
Licensee Address:	328 E. Lafayette Romeo, MI 48065
Licensee Telephone #:	(586) 336-9440
Administrator and Authorized Representative:	Tatjana Savich
Name of Facility:	Angelica's Place
Facility Address:	328 E. Lafayette Romeo, MI 48065
Facility Telephone #:	(586) 336-9440
Original Issuance Date:	03/04/2016
Capacity:	23
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/21/2022

Date of Bureau of Fire Services Inspection if applicable: 08/22/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/21/2022

No. of staff interviewed and/or observed 6
No. of residents interviewed and/or observed 13
No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The facility was unable to provide accounting of funds and the facility does not have a surety bond in place.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services is responsible for review of fire drills.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the public health code and administrative rules regulating home for the aged facilities:</p>	
MCL 333.21321	Bond required. [M.S.A. 14.15(21321)]
	(1)(c) Render a true and complete account to the resident, the depositor, and the department when requested.
<p>The facility held funds for Resident A, however they do not have a surety bond in place and did not have accounting records of the funds.</p>	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
<p>At the time of my on-site inspection, I observed that Residents A, B and C had assistive devices on or about their beds in the form of bed rails and an assist ring. Resident C's device is commonly referred to as a "bed assist" that slides underneath the mattress. The device poses a serious risk of entrapment and was not affixed or secured to the bed frame. All devices were loose and contained gapping large enough to pose risk of entrapment. The facility was unable to demonstrate proper installation or ongoing safety monitoring of the devices and prior to my inspection, the facility did not obtain a physician's order for Resident A's device.</p>	
R 325.1922	Admission and retention of residents.
	(2) The admission policy shall specify all of the following: (d) That the home has developed and implemented a communicable disease policy governing the assessment and baseline screening of residents.

The facility was unable to produce a communicable disease policy that addressed the assessment and screening of residents.	
R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
Services plans for Residents A, B and C were not updated to include the resident's use of the assistive devices on or about the bed or the instruction(s) for their use.	
R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission.
The facility was unable to produce evidence of a TB screen prior to admission for all requested residents. Employee A reported that she was unaware of this requirement.	
R 325.1923	Employee's health.
	(1) A person on duty in the home shall be in good health. The home shall develop and implement a communicable disease policy governing the assessment and baseline screening of employees. A record shall be maintained for each employee, which shall include results of baseline screening for communicable disease. Records of accidents or illnesses occurring while on duty that place others at risk shall be maintained in the employee's file.
The facility was unable to produce a communicable disease policy that addressed the assessment and screening of employees.	
R 325.1923	Employee's health.
	(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be

	<p>screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</p>
<p>Employees B, C and D's files were reviewed. Employee B was hired on 5/21/21 and had her initial TB screen completed on 8/11/22. Employee C was hired on 2/14/22 and her initial TB screen was completed on 8/11/22. Employee D was hired on 10/4/22 and had not had her initial TB screen completed yet. The facility was not completing annual risk assessments to determine if annual testing needs to be completed. Employee A reported that she was unaware of this requirement.</p>	
<p>R 325.1932</p>	<p>Resident medications.</p>
	<p>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</p>
<p>Medication administration records were reviewed for Residents B, D, E and F for the timeframe of 10/1/22-11/21/22 (date of onsite inspection) and the following observations were made:</p> <p>Resident B missed one or more doses of scheduled medication on 10/22/22 and 11/2/22. Staff failed to document a reason for the missed doses. Resident B also did not receive her Lidocaine patch on 11/5/22, 11/9/22 and 11/10/22. Facility staff documented the reason for the missed doses as "waiting on delivery", however staff documented on 11/6/22, 11/7/22 and 11/8/22 that the patch as administered. It is not reasonable to assume that the medication can be administered in-between dates that staff documented the medication was not available. This is likely the result of a repeated documentation error.</p> <p>Resident D missed multiple doses of scheduled medication on 10/22/22. Staff failed to document a reason for the missed doses.</p>	

<p>Resident E missed multiple doses of scheduled medication on 10/22/22. Staff failed to document a reason for the missed doses.</p> <p>Resident F missed multiple doses of scheduled medication on 10/22/22, 11/2/22 and 11/18/22. Staff failed to document a reason for the missed doses. Resident F also did not receive his Lidocaine patch on 10/15/22 and 10/19/22. Facility staff documented the reason for the missed doses as “waiting on delivery”, however staff documented on 10/16/22, 10/17/22 and 10/18/22 that the patch as administered. It is not reasonable to assume that the medication can be administered in-between dates that staff documented the medication was not available. This is likely the result of a repeated documentation error.</p>	
R 325.1932	Resident medications.
	(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.
<p>Medication cart #2 located in the first floor living room was left unlocked, leaving medications of multiple residents unsecured.</p>	
R 325.1954	Meal and food records.
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.
<p>The facility was unable to provide documentation to meet this requirement.</p>	
R 325.1970	Water supply systems.
	(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.

<p>Facility staff were not monitoring facility water temperatures regularly and reported that a plumber would come and check the temperatures twice a year. It was observed that the second floor shower room had a water temperature of 97.7 degrees Fahrenheit even after the water was running on high for several minutes.</p>	
R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
<p>Per kitchen staff, the facility utilizes a commercial dish machine that operates by sanitizing dishes with the use of chemicals. Staff were not testing the chemical levels to ensure that the utensils and cookware were being adequately sanitized.</p>	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
<p>Hazardous and toxic materials (various cleaning agents and detergents) were located in the first floor shower bathroom and second floor storage room. Both rooms had locks on the doors and the bathroom had a separate cabinet for the items, however the doors and cabinet were all unlocked. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.</p>	
R 325.1981	Disaster plans.
	<p>(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.</p> <p>(2) A disaster plan shall be available to all employees working in the home.</p> <p>(3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.</p>
<p>The facility was unable to provide written disaster planning procedures sufficient to meet this requirement.</p>	

IV. RECOMMENDATION

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



11/22/2022

Elizabeth Gregory-Weil
Licensing Consultant

Date