GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 2, 2022

Daniela Cleminte
Daniela's Serenity Care LLC
1278 Leon
Walled Lake, MI 48390

RE: License #: AS630381180
Daniela Serenity Care II
1286 Leon
Walled Lake, MI 48390

Dear Mrs. Cleminte:

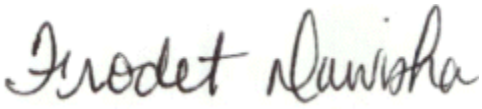
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,



Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630381180
Licensee Name:	Daniela's Serenity Care LLC
Licensee Address:	1278 Leon Walled Lake, MI 48390
Licensee Telephone #:	(248) 739-1964
Administrator/Licensee Designee:	Daniela Cleminte
Name of Facility:	Daniela Serenity Care II
Facility Address:	1286 Leon Walled Lake, MI 48390
Facility Telephone #:	(248) 739-1964
Original Issuance Date:	05/12/2016
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/01/2022

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 1
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.
- 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.**
	(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 on-site inspection on 11/01/2022, direct care staff (DCS) Alexandra Cleminte did not have her medical statement completed within her hire date of 02/23/2022 as her medical statement was completed on 06/15/2022.

R 400.14207	**Required personnel policies.**
	(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

During the on-site inspection on 11/01/2022, DCS Alexandra Cleminte did not have verification of receipt of the policies and procedure in her employee record.

R 400.14207	**Required personnel policies.**
	(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual’s personnel record.

During the on-site inspection on 11/01/2022, DCS Alexandra Cleminte did not have verification of receipt of the job description in her employee record.

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.

During the on-site inspection on 11/01/2022, DCS Alexandra Cleminte did not have verification of her reference checks at the time of her hire date 02/23/2022.

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: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 11/01/2022, I reviewed Resident A's medication logs and found the following medication errors:

- **Baclofen 10MG**: take one daily at 6PM was given on 04/30/2022, but staff did not initial the medication log.
- **Atorvastatin 40MG**: take one daily was given at 6PM on 04/30/2022, but staff did not initial the medication log.
- **Memantine 10MG**: take one daily was given at 6PM on 04/30/2022, but staff did not initial the medication log.
- **Osmatic**: take twice daily was given at 9AM and at 6PM on 04/30/2022, but staff did not initial the medication log.
- **Probiotic 20MG**: take one daily was given at 9AM on 04/30/2022, but staff did not initial the medication log.
- **Spironolactone 25MG**: take ½ tablet daily was given at 9AM on 04/30/2022, but staff did not initial the medication log.

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.

During the on-site inspection on 11/01/2022, I reviewed Resident A's medication logs and found the following medication errors:

- **Oxycodone/APAP 5-325MG**: take two daily as needed was given at 9AM from 04/07/2022-04/10/2022, 04/12/2022-04/14/2022, 04/17/2022, 04/23/2022, 04/27/2022; at 2PM on 04/11/2022, 04/13/2022, 04/17/2022; and at 6PM on 04/19/2022, at 9AM on 03/27/2022, 03/29/2022 and 03/31/2022; at 2PM on 03/30/2022, and at 6PM on 03/28/2022, but staff did not record the reason for this as needed medication.
- **Ondansetron/Zofran**: take as needed was given at 6AM from 04/07/2022-04/09/2022, 04/13/2022-04/16/2022, 04/18/2022, 04/21/2022-04/23/2022; and at 6PM from 04/07/2022-04/09/2022, 04/11/2022-04/13/2022, 04/17/2022, and 04/20/2022; at 6AM and 6PM from 03/27/2022-03/31/2022, but staff did not record the reason for this as needed medication.

R 400.14318	**Emergency preparedness; evacuation plan; emergency transportation.**
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the on-site inspection on 11/01/2022, I reviewed the emergency and evacuation procedures for 2022 and there was a missing sleeping hours drill in the first and third quarter of 2022 and a missing daytime drill in the second quarter of 2022. The 2021 emergency and evacuation procedures were not available for the department's review.

R 400.14402	**Food service.**
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

During the on-site inspection on 11/01/2022, there were no thermometers in the refrigerator or freezer located in the garage.

R 400.14407	**Bathrooms.**
	(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

During the on-site inspection on 11/01/2022, the ½ bathroom and bathroom #1 were not equipped with positive-latching, non-locking-against-egress hardware.

R 400.14505	**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.**
	(2) Approved heat detectors may be installed in place of smoke detectors in the kitchen or bathroom and in other areas of the home that contain flame- or heat-producing equipment.

During the on-site inspection on 11/01/2022, there was no smoke or heat detectors in the laundry room that contained flame or heat-producing equipment.

A corrective action plan was requested and approved on 11/01/2022. 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.

IV. RECOMMENDATION

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

Frodet Dawisha 11/02/2022

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Frodet Dawisha Date
Licensing Consultant