

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 10, 2023

Leah Ann Hondo Beltran 32163 Linderman Ave. Warren, MI 48093

RE: License #: AS500411952

Love & Harmony Senior Living LLC

3611 Alderdale Drive

Sterling Heights, MI 48310

Dear Ms. Beltran:

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,

Kristine Cilluffo, Licensing Consultant

Kristine Cillylo

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

| License #:                  | AS500411952  |
|-----------------------------|--|
| LICETISE T.                 | A0000411802  |
| Licensee Name:              | Leah Ann Hondo Beltran                             |
| Licensee Address:           | 32163 Linderman Ave.<br>Warren, MI 48093           |
| Licensee Telephone #:       | (586) 393-9578                                     |
| Licensee/Licensee Designee: | Leah Ann Beltran                                   |
| Administrator:              | Leah Ann Beltran                                   |
| Name of Facility:           | Love & Harmony Senior Living LLC                   |
| Facility Address:           | 3611 Alderdale Drive<br>Sterling Heights, MI 48310 |
| Facility Telephone #:       | (585) 393-9578                                     |
| Original Issuance Date:     | 10/12/2022   |
| Capacity:                   | 6  |
| Program Type:               | ALZHEIMERS<br>AGED                                 |

## **II. METHODS OF INSPECTION**

| Date o | of On-site Inspection(s):   | 04/10/20         | )23                   |
|--------|---|------------------|-----------------------|
| Date o | of Bureau of Fire Services Inspection if appl   | icable:          | N/A                   |
| Date o | of Health Authority Inspection if applicable:   |                  | N/A                   |
| No. of | staff interviewed and/or observed<br>residents interviewed and/or observed<br>others interviewed 1 Role: Licensee   | •                | 2<br>1                |
| R      | ledication pass / simulated pass observed?<br>eviewed medication passing procedures wi<br>ledication(s) and medication record(s) revie  | th license       | ee.                   |
| • M    | tesident funds and associated documents reles $\boxtimes$ No $\square$ If no, explain.  Itelle leal preparation / service observed? Yes $\square$ ispection did not occur during a meal prepartire drills reviewed? Yes $\boxtimes$ No $\square$ If no, express the expression of the least series of the l | ]No ⊠<br>ration. |                       |
| • Fi   | ire safety equipment and practices observe  | d? Yes [         | ⊠ No  lf no, explain. |
| lf     | -scores reviewed? (Special Certification On<br>no, explain.<br>/ater temperatures checked? Yes ⊠ No [   |                  |                       |
| • C    | ncident report follow-up? Yes  No  If r<br>to incident reports<br>corrective action plan compliance verified?<br>N/A  umber of excluded employees followed-up?  | Yes 🗌 (          |                       |
| • Va   | ariances? Yes 🗌 (please explain) No 🖂   | N/A 🗆            |                       |

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

|                                    | 7  |
|------------------------------------|--|
| R 400.14204                        | Direct care staff; qualifications and training.  |
|                                    | (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:  (a) Reporting requirements. (b) Resident rights. (c) Resident rights. (d) Prevention and containment of communicable diseases.   |
| resident rights, saf               | , did not have verification of training in reporting requirements, lety and fire prevention and prevention and containment of ease in employee file.   |
| 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. |
| Staff, Riah Beltran employee file. | , did not have a medical statement signed by physician in  |
| 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.
- (I) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

Resident A did not have a resident care agreement completed.

| 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.  |

| R 400.14401 | Environmental health.   |
|-------------|---|
|             | (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. |
| •           | e inspection, I measured the water temperature with a digital e water was found to be 129.4 degrees Fahrenheit.   |
|             | water was realid to be 125.7 degrees raintennent.   |
| R 400.14403 | Maintenance of premises.  |
|             |   |

#### IV. RECOMMENDATION

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

Kristine Cillufo

Kristine Cillufo

Date
Licensing Consultant