



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 13, 2023

Cristina Pavel
Abel Care, LLC
16693 Pomona Drive
Redford, MI 48240

RE: License #: AM470406331
Abel Care, LLC
51 Endicott Rd.
Howell, MI 48843

Dear Ms. Pavel:

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 representative and a date.

A second six-month provisional license is recommended. If you do not contest the issuance of a second 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM470406331
Licensee Name:	Abel Care, LLC
Licensee Address:	51 Endicott Drive Howell, MI 48843
Licensee Telephone #:	(734) 307-6659
Licensee Designee:	Cristina Pavel
Administrator:	Cristina Pavel
Name of Facility:	Abel Care, LLC
Facility Address:	51 Endicott Rd. Howell, MI 48843
Facility Telephone #:	(734) 307-6659
Original Issuance Date:	05/28/2021
Capacity:	8
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/09/2023

Date of Bureau of Fire Services Inspection if applicable: pending

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: licensee designee/admin

- Medication pass / simulated pass observed? Yes No If no, explain.
No residents in the facility for the duration of this six month licensing period.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
No residents in the facility for the duration of this six month licensing period.
- 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.
No residents in the facility for the duration of this six month licensing period.
- Fire drills reviewed? Yes No If no, explain.
No residents in the facility for the duration of this six month licensing period.
- Fire safety equipment and practices observed? Yes No If no, explain.
No residents in the facility for the duration of this six month licensing period.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
No residents in the facility for the duration of this six month licensing period.
- Incident report follow-up? Yes No If no, explain.
No residents in the facility for the duration of this six month licensing period.
- 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 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The facilities sprinkler heads for the fire suppression system have been sent out for laboratory inspection at the recommendation of the sprinkler inspector. The facilities fire suppression system is currently non-operational and cannot be assessed by the Bureau of Fire Services until the sprinkler heads are in the facility. Consequently, residents cannot reside in a facility with a non-working fire suppression system.

IV. RECOMMENDATION

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



3/10/2023

Julie Elkins
Licensing Consultant

Date

Approved:



03/13/2023

Dawn Timm
Area Manager

Date