



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 11, 2023

Yolanda McKinney
CHHC, Inc. d/b/a Caring Hearts Home Care, Inc.
14955 Greenfield
Detroit, MI 48227

RE: License #: AS820093911
Caring Hearts Home Care, Inc.
14955 Greenfield
Detroit, MI 48227

Dear Ms. McKinney:

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:

- An on-site inspection will be conducted.

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820093911

Licensee Name: CHHC, Inc. d/b/a Caring Hearts Home Care, Inc.

Licensee Address: 14955 Greenfield
Detroit, MI 48227

Licensee Telephone #: (313) 658-3900

Licensee/Licensee Designee: Yolanda McKinney, Designee

Administrator: Yolanda McKinney

Name of Facility: Caring Hearts Home Care, Inc.

Facility Address: 14955 Greenfield
Detroit, MI 48227

Facility Telephone #: (313) 493-3900

Original Issuance Date: 04/24/2002

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/06/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 03

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Face-to-Face contact was limited to mitigate risks of Covid-19. The home cares for seniors.
- 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 400.14311 Investigation and reporting of incidents, accidents, illnesses, absences, and death.

(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:

- (a) The death of a resident.**
- (b) Any accident or illness that requires hospitalization.**
- (c) Incidents that involve any of the following:**
 - (i) Displays of serious hostility.**
 - (ii) Hospitalization.**
 - (iii) Attempts at self-inflicted harm or harm to others.**
 - (iv) Instances of destruction to property.**
- (d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the Public Acts of 1988.**

- Resident H.P. went to the hospital 11/10/22 – 11/29/22 (per MAR); there is no incident report to document the hospitalization. Ms. McKinney explained Staff failed to submit documentation to the department as required because the resident was taken to the hospital from her PACE Program and not the group home. Ms. McKinney understands an incident report was still required regardless of where the incident was initiated.
- I also observed Resident A.W. went to the hospital 8/20/22 – 8/23/22 (per MAR). Upon request, Ms. McKinney provided me a copy of the incident report; however, I observed the report is dated 8/18/22. Additionally, the resident's medication is signed out as having been administered on 8/18/22 and 8/19/22. Therefore, it is reasonable to conclude, the date on the incident report does not accurately reflect the hospital admission date.
- I observed a third incident report involving Resident A.W. that does not include the date and time of incident; this report is signed and dated by Sheila Hill on 5/24/22.

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:

- (i) The medication.**
- (ii) The dosage.**
- (iii) Label instructions for use.**
- (iv) Time to be administered.**
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**
- (vi) A resident's refusal to accept prescribed medication or procedures.**

Observed Resident A.W.'s Medication Administration Records without Staff signatures. The following medication errors were noted:

- Amantadine hcl 100mg not signed out on 12/2/21 and 12/3/21.
- Fluoxetine 20mg not signed out on 8/27/21.
- Labetatol 200mg not signed out at 5pm on 5/10/21.

R 400.14503 Interior finishes and materials generally.

(1) Interior finish materials shall be at least class C materials throughout the adult foster care small group home.

Observed wallpaper borders throughout the home.

Ms. McKinney has agreed to verify the classification of this interior finish or remove the material from bedrooms and common areas, like the living/dining room.

A corrective action plan was requested and approved on 04/06/2023. 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.



04/11/23

Kara Robinson
Licensing Consultant

Date