

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 31, 2023

Zubair Ahmed Prestige Health Management Inc 685 E Square Lake Road Troy, MI 48085

RE: License #: AS630411654

Safe Haven Acres

685 E Square Lake Road

Troy, MI 48085

#### Dear Mr. Ahmed:

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,

Sheena Bowman, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue

Pontiac, MI 48342

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

#### I. IDENTIFYING INFORMATION

**License #:** AS630411654

Licensee Name: Prestige Health Management Inc

**Licensee Address:** 685 E Square Lake Road

Troy, MI 48085

**Licensee Telephone #:** (248) 710-7056

Licensee/Licensee Designee: Zubair Ahmed

Administrator: Zubair Ahmed

Name of Facility: Safe Haven Acres

**Facility Address:** 685 E Square Lake Road

Troy, MI 48085

**Facility Telephone #:** (248) 710-7056

Original Issuance Date: 06/21/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL ALZHEIMERS

**AGED** 

TRAUMATICALLY BRAIN INJURED

### II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/31/2023
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  No. of residents interviewed and/or observed  No. of others interviewed  Role:
Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.
Medication(s) and medication record(s) reviewed? Yes ⊠ No ☐ If no, explain
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ∑ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ∑ If no, explain. It was not meal time during the onsite.</li> <li>Fire drills reviewed? Yes ∑ No ☐ If no, explain.</li> </ul>
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain.</li> <li>Water temperatures checked? Yes ☐ No ☐ If no, explain.</li> </ul>
Incident report follow-up? Yes ⊠ No □ If no, explain.
<ul> <li>Corrective action plan compliance verified? Yes ∑ CAP date/s and rule/s: SI CAP Approved 10/28/22; 206(2), 208(3), 312(4)(a), 204(3), 312(2), 310(1)(d) 312(1), 208(1) N/A ☐</li> <li>Number of excluded employees followed-up? N/A ∑</li> </ul>
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 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident B's initial health care appraisal was not dated by the doctor therefore; it is unknown when Resident B received her health care appraisal.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A's assessment plan was signed by the resident but not dated.

#### R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident A and B weight was not documented at the time of admission.

#### R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

#### REPEAT VIOLATION ESTABLISED SI CAP APPROVED 10/28/22

During the onsite, there was a lock box observed in the refrigerator for medication however; the lock box was not locked.

#### R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

The funds part I section B for Resident A and B was not completed.

#### R 400.14316 Resident records.

- (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
- (a) Identifying information, including, at a minimum, all of the following:
  - (vii) Medical insurance.

Resident B's medical insurance information was not documented on the resident identification record.

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 last quarter of 2022, a fire drill was not completed during sleeping hours.

#### IV. RECOMMENDATION

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

03/31/23 Date

**Licensing Consultant** 

Theera Barnan