



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 21, 2023

Lilly Hayes
Elmira Inc
25855 Carlisle
Inkster, MI 48141

RE: License #: AS820014194
Floral - Elmira AFC
18110 Floral
Livonia, MI 48152

Dear Ms. Hayes:

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 (313) 456-0380.

Sincerely,



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 #:	AS820014194
Licensee Name:	Elmira Inc
Licensee Address:	25855 Carlisle Inkster, MI 48141
Licensee Telephone #:	(734) 459-6424
Licensee/Licensee Designee:	Lilly Hayes, Designee
Administrator:	Benjamin Hayes
Name of Facility:	Floral - Elmira AFC
Facility Address:	18110 Floral Livonia, MI 48152
Facility Telephone #:	(734) 422-2238
Original Issuance Date:	08/15/1988
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/19/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 04

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Meds passed prior to my arrival.
- 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.
Breakfast served prior to my arrival.
- 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.
Not applicable. Manager said there have been no incidents in the past 2 years.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
5/12/21: 408(4) and 301(10) 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 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:

(b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.

Resident A has resided at the home since 12/12/85; the current licensee took over the home in 1987. On 4/20/23, I observed Resident A cannot walk without the assistance of Staff due to having an unsteady gait, in addition to, physical impairments to his limbs. I reviewed Resident A's AFC assessment plan which noted Resident A uses a wheelchair. I also reviewed Resident A's most recent Individual Plan of Service dated 11/18/22. The IPOS documents Resident A's impaired mobility citing, "{Resident A} relies on staff for all transfers." Both plans document Resident A does require the regular use of a wheelchair. The home manager, Phillip Hayes reported The Detroit Wayne Mental Health Authority urged the home to obtain a portable wheelchair ramp to evacuate Resident A from the home. Both Mr. Hayes and licensee designee, Lilly Hayes confirmed they currently use a portable wheelchair ramp to safely move Resident A in and out of the home. According to Mr. Hayes, prior to purchasing the portable ramp, Staff would carry Resident A down the stairs when leaving the home. On 4/20/23, I contacted Dorothy Gier, Supports Coordinator with Community Living Services. Ms. Gier acknowledged Resident A cannot walk on his own. Ms. Gier reported Resident A cannot propel or transfer in and out of the wheelchair on his own. Resident A uses a manual wheelchair with Staff assistance only.

The home is not wheelchair accessible. The home is not barrier free. The home is not licensed to accept or retain residents who require the regular use of a wheelchair.

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 B had no AFC assessment plans on file since 8/18/18.

Resident A did not have a record of 2023 AFC assessment plan on file. The licensee reported she mailed the original to his guardian and did not retain a copy for her records.

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 licensee has maintained cash on hand for residents, but the Resident Funds Part II does not keep an accurate accounting of fund transactions. Specifically, the balance written on the form does not coincide with the available funds held for safekeeping. Therefore, I was not able to determine if the cash on hand was a true reflection of what was owed to residents for personal allowance.

IV. RECOMMENDATION

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



4/21/23

Date

Licensing Consultant