



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 1, 2023

Maria-Diana Reboya  
HOMES Senior Living LLC  
28720 Bayberry Ct W  
Livonia, MI 48154

RE: License #: AS820410172  
Investigation #: 2023A0122028  
HOMES Senior Living LLC

Dear Ms. Reboya:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Vanita Bouldin". The signature is written in a cursive style with a large initial "V".

Vanita C. Bouldin, Licensing Consultant  
Bureau of Community and Health Systems  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-4037

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820410172
<b>Investigation #:</b>	2023A0122028
<b>Complaint Receipt Date:</b>	05/26/2023
<b>Investigation Initiation Date:</b>	05/26/2023
<b>Report Due Date:</b>	07/25/2023
<b>Licensee Name:</b>	HOMES Senior Living LLC
<b>Licensee Address:</b>	14250 Lenmoore Rd Van Buren Twp, MI 48111
<b>Licensee Telephone #:</b>	(248) 719-6561
<b>Administrator:</b>	Maria-Diana Reboya
<b>Licensee Designee:</b>	Maria-Diana Reboya
<b>Name of Facility:</b>	HOMES Senior Living LLC.
<b>Facility Address:</b>	14250 Lenmoore Rd Van Buren TWP, MI 48111
<b>Facility Telephone #:</b>	(248) 719-6561
<b>Original Issuance Date:</b>	02/24/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/24/2022
<b>Expiration Date:</b>	08/23/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
On 05/21/2023, Resident A fell and sustained injury to her arm.	Yes

**III. METHODOLOGY**

05/26/2023	Special Investigation Intake 2023A0122028
05/26/2023	Special Investigation Initiated - Letter Email sent to Diana, Administrator requesting additional documentation from Resident A's file. Informing her that Special Investigation will be opened based upon the incident report received on 05/24/2023.
05/31/2023	Inspection Completed On-site Resident A observed.
05/31/2023	Exit Conference Discussed findings with Maria-Diana Reboya.
05/31/2023	Contact - Telephone call made. Completed interview with Guardian A.
06/01/2023	APS Referral

**ALLEGATION: On 05/21/2023, Resident A fell and sustained injury to her arm.**

**INVESTIGATION:** On 05/24/2023, I received an incident report documenting the following: Resident A fell in her bedroom and complained of “right arm pain after further evaluation” it was found that Resident A was unable to lift her arm. Licensee Designee, Maria D. Reboya, contacted Guardian A who gave the direction to “observe” Resident A “first and not to move right arm” ...and Guardian A “will call the primary care physician for a mobile x-ray on Monday.” On 05/23/23, a mobile x-ray was performed on Resident A, and it was found that she had a fracture of her upper arm.

On 05/31/2023, Ms. Reboya confirmed that the information that was documented on the incident report. She stated that Resident A fell in her bedroom on 05/21/2023 and she contacted Guardian A and followed her directions. Ms. Reboya stated that Guardian A is a registered nurse, so she felt that it was ok to notify her and follow her directions.

On 05/31/2023, I completed an interview with Guardian A. Guardian A confirmed the information that was documented on the incident report. Guardian A stated that she is in close contact with Resident A's primary care physician and understood why Ms. Reboya would contact her initially. Guardian A stated she had no concerns regarding the care Resident A has been receiving from staff members of Homes Senior Living LLC adult foster care facility.

On 05/31/2023, I completed an exit conference with Maria D. Reboya, Licensee Designee and discussed my findings with her. Ms. Reboya stated she understood my findings and will submit a corrective action plan to address the rule violation found.

<b>APPLICABLE RULE</b>	
<b>R 400.14310</b>	<b>Resident health care.</b>
	<b>(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.</b>
<b>ANALYSIS:</b>	<p>On 05/21/2023, Resident A fell in her bedroom and complained of "right arm pain." Licensee Designee, Maria D. Reboya, contacted Guardian A who gave the direction to "observe" Resident A "first and not to move right arm" ...and Guardian A "will call the primary care physician for a mobile x-ray on Monday."</p> <p>On 05/31/2023, Ms. Reboya and Guardian A confirmed that Resident A fell, injured her arm, and Guardian A was contacted and gave directions.</p> <p>Based upon my investigation I find that the Licensee Designee, Maria D. Reboya, did not obtain needed care immediately when Resident A fell on 05/21/23 and injured her arm. Ms. Reboya did not contact medical personnel to assess Resident A's arm pain when she fell on 05/21/2023..</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt and approval of a corrective action plan I recommend no change to the status of the license.



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Vanita C. Bouldin  
Licensing Consultant

Date: 06/01/2023

Approved By:



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Ardra Hunter  
Area Manager

Date: 06/01/2023