

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 15, 2023

Fely Rama 38112 Virginia Dr Sterling Heights, MI 48310

RE: License #: AF500290236

The Loving Care Foster Home

38112 Virginia Dr

Sterling Heights, MI 48310

Dear Mrs. Rama:

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 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,

LaShonda Reed, Licensing Consultant Bureau of Community and Health Systems

Cadillac Place, Ste 9-100

Detroit, MI 48202 (586) 676-2877

L. Reed

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

I. IDENTIFYING INFORMATION

License #: AF500290236

Licensee Name: Fely Rama

Licensee Address: 38112 Virginia Dr

Sterling Heights, MI 48310

Licensee Telephone #: (248) 585-6969

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: The Loving Care Foster Home

Facility Address: 38112 Virginia Dr

Sterling Heights, MI 48310

Facility Telephone #: (586) 979-9066

Original Issuance Date: 09/26/2007

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	05/10/2023	
Date of Bureau of Fire Services Inspection if app	licable: 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 0 Role: N/A	0 3	
 Medication pass / simulated pass observed? I observed medications. Medication(s) and medication record(s) reviews 		
 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. I observed adequate food supply. Fire drills reviewed? Yes ⋈ No ⋈ If no, explain. 		
Fire safety equipment and practices observe	ed? 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 There were no in Corrective action plan compliance verified? N/A ☒ Number of excluded employees followed-up? 	Yes CAP date/s and rule/s:	
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 400.1426 Maintenance of premises.

(9) Handrails and nonskid surfacing shall be installed in showers and bath areas.

I observed that the upper bathroom did not have handrails and nonskid surfacing installed in the bathtub.

R 400.1437 Smoke detection equipment.

- (1) At least 1 single-station smoke detector shall be installed at the following locations:
- (b) On each occupied floor, in the basement, and in areas of the home which contain flame- or heat-producing equipment.

I observed that the smoke detector in the basement was broken.

IV. RECOMMENDATION

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

L. Reed	05/15/2023
LaShonda Reed	Date
Licensing Consultant	