



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 1, 2023

Faith Hinson
Ethos Behavioral Health, LLC
32047 Vegas Dr
Warren, MI 48093

RE: License #: AS500413738
Vegas Home
32047 Vegas Dr
Warren, MI 48093

Dear Ms. Hinson:

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,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500413738
Licensee Name:	Ethos Behavioral Health, LLC
Licensee Address:	32047 Vegas Dr Warren, MI 48093
Licensee Telephone #:	(833) 384-6724
Licensee/Licensee Designee:	Faith Hinson
Administrator:	Faith Hinson
Name of Facility:	Vegas Home
Facility Address:	32047 Vegas Dr Warren, MI 48093
Facility Telephone #:	(855) 384-6724
Original Issuance Date:	02/03/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/31/2023

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 3

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medication passing procedures.
- 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.
Inspection did not occur during a meal preparation.
- 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:

<p>R 400.14205</p>	<p>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</p>
	<p>(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.</p>
<p>Staff, Precious Arnold, was hired on 03/07/2023. Her medical statement was not obtained within 30 days of employment. Ms. Arnold's medical statement was completed on 07/11/2023.</p>	
<p>R 400.14207</p>	<p>Required personnel policies.</p>
	<p>(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individuals personnel record.</p>
<p>Staff, Precious Arnold and Candice George, did not have verification of receipt of a job description.</p>	
<p>R 400.14306</p>	<p>Use of assistive devices.</p>
	<p>(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.</p>
<p>Resident A did not have use of shower chair in assessment plan.</p>	
<p>R 400.14306</p>	<p>Use of assistive devices.</p>
	<p>(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.</p>

Resident A and Resident B did not have physician authorizations for use of shower chair.	
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.
During the onsite inspection, I observed insulin kept in unlocked locations in the kitchen and basement refrigerators.	
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: <ul style="list-style-type: none"> (a) Be trained in the proper handling and administration of medication. (b) Complete an individual medication log that contains all of the following information: <ul style="list-style-type: none"> (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.

Staff, Precious Arnold and Candice George, did not have verification of medication administration training.

On 07/31/2023, Resident A and Resident B's medication logs were initiated by staff prior to medications being administered. During onsite inspection, I observed Resident A's medication log was initiated by staff for Donepezil HCL 10 mg tab (8PM). Resident B's medication log was initiated by staff for Tamsulosin HCL .4 mg (8PM).

Resident B's medication log was missing staff initials for Tamsulosin HCL .4 mg on 07/30/2023.

Resident B's medication log was initiated by staff for Libre Sensor on 07/31/2023, however, staff indicated that he was not using sensor.

R 400.14312	Resident medications.
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.
The home had Lidocaine 5% patches for Resident C. Resident C moved out of the home on 07/07/2023 and patches have not been disposed of or returned.	
R 400.14313	Resident nutrition.
	(5) Records of menus, including special diets, as served shall be provided upon request by the department.
The home did not have record of menus for Resident B's diabetic diet.	
R 400.14410	Bedroom furnishings.
	(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.
Bedroom #1 did not have a mirror.	

IV. RECOMMENDATION

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

Kristine Cilluffo

08/01/2023

Kristine Cilluffo
Licensing Consultant

Date