



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 9, 2023

Monica Bercea
Exclusive Home Care LLC
22215 N. Brandon Street
Farmington Hills, MI 48336

RE: License #: AS630373446
Exclusive Home Care for the Aged
22215 N. Brandon Street
Farmington Hills, MI 48336

Dear Ms. Bercea:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste. 9-100
Detroit, MI 48202
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630373446

Licensee Name: Exclusive Home Care LLC

Licensee Address: 22215 N. Brandon Street
Farmington Hills, MI 48336

Licensee Telephone #: (734) 355-5622

Licensee/Licensee Designee: Monica Bercea

Administrator: Monica Bercea

Name of Facility: Exclusive Home Care for the Aged

Facility Address: 22215 N. Brandon Street
Farmington Hills, MI 48336

Facility Telephone #: (734) 355-5622

Original Issuance Date: 02/15/2017

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/09/2023

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 0

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee designee/admin.

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
The inspection did not occur during a meal time.
- 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.
There were no incident reports that needed a follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Renewal 2021- asec734(2)(b), as205(5)(6), as305(3), and as312(4)(b) N/A
- Number of excluded employees followed-up? 0 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

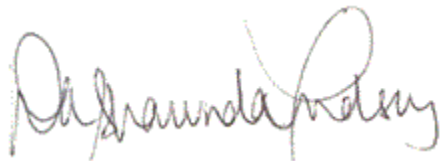
This facility was found to be in non-compliance with the following rules:	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
Resident C is prescribed Melatonin 10 mg daily at 8pm. Staff did not administer the medication to him on 08/08/2023. I observed the pill in the bubble pack.	
R 400.14312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <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.
Resident B is prescribed Vitamin D 5000 unity once per week at 8:00am. Per the bubble pack, staff was supposed to administer the medication on 08/01/2023 and 08/08/2023. However, staff signed the medication administration record (MAR) on 08/04/2023 to show that the medication was administered. Staff did not sign the MAR on 08/01/2023 and 08/08/2023 to show that the medication was administered.	
R 400.14312	Resident medications.
	<p>(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:</p> <p>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</p>

Staff did not document the time and reason PRN acetaminophen sol 160/5mL was administered to Resident A on 08/04/2023, 08/05/2023, 08/06/2023, and 08/08/2023.	
R 400.14408	Bedrooms generally.
	(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.
Resident B's bedroom door was not equipped with nonlocking-against-egress hardware.	

A corrective action plan was requested and approved on 08/09/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



08/09/2023

DaShawnda Lindsey
Licensing Consultant

Date