



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 18, 2023

David Parr  
33165 Cloverdale Ave  
Farmington, MI 48336

RE: License #: AS630403123  
**Pleasant Valley Senior Care**  
**27550 10 Mile Rd**  
**Farmington Hills, MI 48336**

Dear Mr. Parr:

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

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
Phone: 248-302-2409

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630403123
<b>Licensee Name:</b>	David Parr
<b>Licensee Address:</b>	34832 Bunker Hill Dr. Farmington Hills, MI 48331
<b>Licensee Telephone #:</b>	(248) 496-4211
<b>Administrator:</b>	David Parr
<b>Name of Facility:</b>	Pleasant Valley Senior Care
<b>Facility Address:</b>	27550 10 Mile Rd. Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(248) 496-4211
<b>Original Issuance Date:</b>	02/11/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

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

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 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: licensee

- 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 was not conducted during 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 incidents to follow up on.
- 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:	
<b>R 400.15203</b>	<b>Licensee and administrator training requirements.</b>
	(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

During the onsite inspection completed on 08/08/23, licensee David Parr did not have 16 hours of annual training onsite and available for review for 2022 and/or 2023.

<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.

During the on-site inspection on 08/08/23, direct care staff Kansis Morrison did not complete training in reporting requirements, first aid, cardiopulmonary resuscitation, personal care, supervision, and protection, resident rights, safety and fire prevention and prevention and containment of communicable diseases.

**REPEAT VIOLATION ESTABLISHED**  
**Reference Renewal Licensing Study Report dated 08/10/2021; CAP dated 08/10/2021.**

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(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.

During the on-site inspection completed on 08/08/23, direct care staff Kansis Morrison hired on 05/27/23, did not have a statement signed by her licensed physician attesting to the knowledge of her physical health within 30 days of employment.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 08/10/2021; CAP dated 08/10/2021.**

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

During the on-site inspection on 08/08/23, direct care staff Marcella Simms did not have a communicable tuberculosis test completed prior to working shifts in the home.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 08/10/2021; CAP dated 08/10/2021.**

<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f) Verification of reference checks.

During the on-site inspection on 08/08/23, direct care staff Marcella Simms, who worked in the facility starting 08/07/23, did not have verification of two reference checks.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 08/10/2021; CAP dated 08/10/2021.**

<b>R 400.14209</b>	<b>Home records; generally.</b>
	(1) A licensee shall keep, maintain, and make available for department review, all the following home records: (e) A resident register.

During the onsite inspection completed on 08/08/23, there was no resident register onsite and available for review.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

During the onsite inspection completed on 08/08/23, Resident A's resident care agreement was not updated annually. The care agreement was last signed on 03/09/2022.

<b>R 400.14305</b>	<b>Resident protection.</b>
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

During the on-site inspection completed on 08/08/23, I reviewed the emergency and evacuation procedures. Fire drills completed on the following dates/times exceeded 8 minutes:

- 06/12/23 / 11:00 pm – 12 minutes
- 06/04/22 / 11:00 pm – 10 minutes
- 08/18/22 / 11:00 pm – 12 minutes

<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(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.

During the onsite inspection completed on 08/08/23, there was no prescription on file for the following assistive devices:

- Resident A's wheelchair and hospital bed
- Resident G's walker

<b>R 400.14310</b>	<b>Resident health care.</b>
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

During the onsite inspection completed on 08/08/23, there were no monthly weights on file for Resident A or Resident G.

<b>R 400.14312</b>	<b>Resident medication.</b>
	(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 S333.1101 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 completed on 08/08/23, while completing a simulated medication pass direct care staff, Elsa stated that when she is preparing to administer medications, she prepacks/sets up the medication by removing each resident's medications from the pharmacy container and puts them into clear medication cups. She does this for all the residents at the facility at the same time. She labels the medication cup using a sharpie to include the resident's initials and



the time that the medications are to be administered. She later comes back and administers the medication to the residents from the medication cups.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A is prescribed Oxycodone 10 – 325 mg. The blister pack of medications states take as needed. The licensee and direct care staff, Elsa stated Resident A’s doctor changed this medication to be administered twice daily as opposed to as need. They have been administering the medication to Resident A twice a day. There was no prescription on file to support this change. The medication was not written on Resident A’s Medication Administration Record in August 2023.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

- Resident A’s Medication Administration Record dated August 2023 indicates she is prescribed Lorazepam 0.5 mg tablet – as needed and Lorazepam Gel 1 mg – as needed. These medications were not onsite and available for review at the time of the inspection. Licensee, David Parr and direct care staff, Elsa indicate that the medications have been discontinued. However, there was no discontinue order onsite and available for review.
- Resident G’s medication basket contained a bottle of Vitamin B 12 and Aspirin 81 mg. The licensee and staff reported they are administering these medications to Resident G at night per his family’s request. There is no prescription on file for these medications. These medications are not on Resident G’s Medication Administrator Record.
- Direct Care Staff, Elsa stated when administering medications to residents she crushes pills and opens pill capsules then administers the medications in apple sauce. There is no prescription on file that authorizes the crushing and/or opening of medication capsules.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 08/10/2021; CAP dated 08/10/2021.**

<b>R 400.14316</b>	<b>Resident records.</b>
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(a) Identifying information, including, at a minimum, all of the following:</p> <ul style="list-style-type: none"> <li>(i) Name.</li> <li>(ii) Social security number, date of birth, case number, and marital status.</li> <li>(iii) Former address.</li> <li>(iv) Name, address, and telephone number of the next of kin or the designated representative.</li> <li>(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.</li> <li>(vi) Name, address, and telephone number of the preferred physician and hospital.</li> <li>(vii) Medical insurance.</li> <li>(viii) Funeral provisions and preferences.</li> <li>(ix) Resident's religious preference information.</li> </ul> <p>(b) Date of admission.</p> <p>(c) Date of discharge and the place to which the resident was discharged.</p>

During the onsite inspection completed on 08/08/23, Resident A and Resident G did not have an information identification record on file and available for review.

<b>R 400.14316</b>	<b>Resident records.</b>
	<p>(2) Resident records shall be kept on file in the home for 2 years after the date of a resident's discharge from a home.</p>

During the onsite inspection completed on 08/08/23, the licensee David Parr indicated that he has disposed of at least 12 different resident's records for individuals who are deceased/no longer live in the facility. Mr. Parr indicated that he was unaware that he needed to keep resident files upon discharge from the home.

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<p>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</p>

During the on-site inspection on 08/08/23, I reviewed the emergency and evacuation procedures and there was no emergency and evacuation procedures conducted for daytime, evening, and sleeping hours fire drills for the first, second and third quarter of 2022 and 2023.

**REPEAT VIOLATION ESTABLISHED Reference Renewal Licensing Study Report dated 08/10/2021; CAP dated 08/10/2021.**

<b>R 400.14401</b>	<b>Environmental health.</b>
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the on-site inspection on 08/08/23, the hot water temperature for the residents' use was outside the range of 105° - 120° Fahrenheit. The hot water temperature was 124.7° Fahrenheit in the kitchen and in the bathrooms.

**REPEAT VIOLATION ESTABLISHED Reference Renewal Licensing Study Report dated 08/10/2021; CAP dated 08/10/2021.**

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



08/09/2023

Johnna Cade  
Licensing Consultant

Date

Approved by:



09/18/2023

Denise Y. Nunn  
Area Manager

Date