



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 20, 2023

Caroline Anderson  
Essence Memory Care II LLC  
3910 Athens Ave  
Waterford, MI 48329

RE: License #: AS630405613  
**Essence Memory Care II**  
**22208 Wingate Ct**  
**Farmington Hills, MI 48335**

Dear Mrs. Anderson:

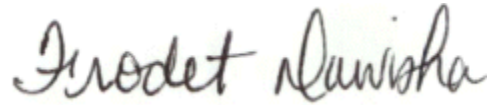
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- 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 dark ink, reading "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630405613
<b>Licensee Name:</b>	Essence Memory Care II LLC
<b>Licensee Address:</b>	3910 Athens Ave Waterford, MI 48329
<b>Licensee Telephone #:</b>	(248) 308-9607
<b>Licensee/Licensee Designee:</b>	Caroline Anderson
<b>Administrator:</b>	Drita Aliatim
<b>Name of Facility:</b>	Essence Memory Care II
<b>Facility Address:</b>	22208 Wingate Ct Farmington Hills, MI 48335
<b>Facility Telephone #:</b>	(248) 308-9607
<b>Original Issuance Date:</b>	12/21/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/15/2023

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 6

No. of others interviewed 3 Role: LDs and 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.
- 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:

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the on-site inspection on 06/15/2023, Resident A did not have their 2022 annual health care appraisal completed.

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

During the on-site inspection on 06/15/2023, I reviewed Resident A's and Resident B's medications and medication logs and found the following errors:

- Resident A's **Vitamin D3 5000 MG**: take one tablet by mouth every Saturday was not given as prescribed. Staff administered this medication on Friday 03/17/2023 instead of Saturday 03/18/2023.
- Resident B's **Pain Relieve Tab 500MG**: take one tablet by mouth twice a day was not given in the PM on 06/02/2023 as the pill was still in the blister pack.
- Resident B's **Citracal Tab**: take one tablet by mouth once daily was not given in the PM on 06/02/2023 as the pill was still in the blister pack.
- Resident B's **Vitamin D3 Tab 2000UNIT**: take one tablet by mouth once daily was not given in the PM on 06/02/2023 as the pill was still in the blister pack.

<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:

	<p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>
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During the on-site inspection on 06/15/2023, I reviewed Resident A's and Resident B's medications logs and found the following errors:

- Resident A's **Seroquel 25MG**: one by mouth every evening was given on 05/31/2023 but staff did not initial the medication log.
- Resident A's **Alprazolam 0.25MG**: one by mouth every evening was given on 05/31/2023 but staff did not initial the medication log.
- Resident B's **Pain Relieve Tab 500MG**: take one tablet by mouth twice a day was not given in the PM on 06/02/2023 as the pill was still in the blister pack, but staff initialed the medication log.
- Resident B's **Citracal Tab**: take one tablet by mouth once daily was not given in the PM on 06/02/2023 as the pill was still in the blister pack, but staff initialed the medication log.
- Resident B's **Vitamin D3 Tab 2000UNIT**: take one tablet by mouth once daily was not given in the PM on 06/02/2023 as the pill was still in the blister pack, but staff initialed the medication log.

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(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.

During the on-site inspection on 06/15/2023, I reviewed the emergency and evacuation procedures and found that an evening fire drill was missing in the first quarter of 2022 and sleep fire drills were missing in the third and fourth quarter of 2022.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

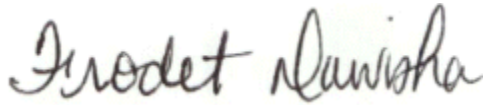
During the on-site inspection on 06/15/2023, bedroom #4 did not have a window screen.

<b>R 400.14507</b>	<b>Means of egress generally.</b>
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

During the on-site inspection on 06/15/2023, the front door that forms part of a required means of egress was not equipped with positive-latching, non-locking-against-egress-hardware. There was a deadbolt on the door.

#### **IV. RECOMMENDATION**

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



06/20/2023

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Frodet Dawisha  
Licensing Consultant

Date