

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 12, 2023

Jonathan Marginean 8871 Caroline St Taylor, MI 48180

> RE: License #: AF820408009 Love's Family Care 8871 Caroline St Taylor, MI 48180

Dear Mr. Marginean:

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 (313) 456-0380.

Sincerely,

Shatorla Daniel

Shatonla Daniel, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-3003

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

# I. IDENTIFYING INFORMATION

License #:	AF820408009
Licensee Name:	Jonathan Marginean
Licensee Address:	8871 Caroline St Taylor, MI 48180
Licensee Telephone #:	(313) 269-8969
Licensee/Licensee Designee:	N/A
Administrator:	Jonatham Marginean
Name of Facility:	Love's Family Care
Facility Address:	8871 Caroline St Taylor, MI 48180
Facility Telephone #:	(313) 269-8969
Original Issuance Date:	04/24/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observedNo. of residents interviewed and/or observedNo. of others interviewed1Role:Licensee

- Medication pass / simulated pass observed? Yes □ No ⊠ If no, explain. Residents were asleep
- Medication(s) and medication record(s) reviewed? Yes  $\boxtimes$  No  $\square$  If no, explain.

10/10/2023

- 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. Residents were asleep
- Fire drills reviewed? Yes ⊠ No □ If no, explain.
- Fire safety equipment and practices observed? Yes  $\boxtimes$  No  $\square$  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:

#### R 400.1421 Handling of resident funds and valuables.

(5) Except for trust fund accounts, a licensee shall not accept for safekeeping money and valuables exceeding a value of \$200.00 for any resident in the home. Trust fund accounts between the licensee and the resident are subject to a \$1,500.00 limitation.

At the time of inspection, Resident B's Part II funds sheets showed \$255 available for usage.

#### R 400.1421 Handling of resident funds and valuables.

(7) A resident's account shall be individual to the resident. A licensee shall be prohibited from having any ownership interest in a resident's account and shall verify such in a written statement to the resident or the resident's designated representative.

At the time of inspection, Resident B's Part II funds sheets showed \$255 and the licensee stated Resident B's money was contained in his personal bank account.

### **IV. RECOMMENDATION**

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

Shotonla Daniel

10/12/2023

Shatonla Daniel Licensing Consultant

Date