



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 15, 2023

Amitkumar Kalasariya
Caring Professionals LLC
73 Birchwood
Troy, MI 48083

RE: License #: AS500412987
Caring Professionals AFC Home 2
40796 Ruggero St.
Clinton Township, MI 48038

Dear Mr. Kalasariya:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 #:	AS500412987
Licensee Name:	Caring Professionals LLC
Licensee Address:	40150 Sara Rose Clinton Twp, MI 48038
Licensee Telephone #:	(586) 224-9909
Licensee/Licensee Designee:	Amitkumar Kalasariya
Administrator:	Amitkumar Kalasariya
Name of Facility:	Caring Professionals AFC Home 2
Facility Address:	40796 Ruggero St. Clinton Township, MI 48038
Facility Telephone #:	(586) 224-9909
Original Issuance Date:	11/07/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/19/2023, 10/24/2023

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 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Desginee

- 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.
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.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
CAP date 05/26/2023- Asec713(3)(e), AS205(3)(5), AS208(1)(f), AS208(3)(b)(c),
AS301(10), AS201(4), AS301(6), AS306(3), AS310(3), AS312(4), AS315(3),
AS316(1) N/A
- Number of excluded employees followed-up? 1 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 400.14204	Direct care staff; qualifications and training.
	(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: (f) Safety and fire prevention.

Staff, Helen Miller and Maria Hernandez, did not have verification of safety and fire prevention training in their employee files.

R 400.14208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (i) Required verification of the receipt of personnel policies and job descriptions.

Staff, Helen Miller and Maria Hernandez, did not have verification of the receipt of job descriptions in their employee files.

R 400.14306	Use of assistive devices.
	(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.

Resident A did not have use of bed rail in assessment plan. Resident C did not have use of toilet raiser/commode in assessment plan. Resident D did not have use of hospital bed, bed rails and bath seat in assessment plan.

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: (a) Be trained in the proper handling and administration of medication. (b) Complete an individual medication log that contains all of the following information:

	(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
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On 10/19/2023, during the onsite interim inspection, I observed that medication logs were being completed both on paper and electronically.

On 10/19/2023, I reviewed Resident C's October 2023 medication log. Resident C's October 2023 paper medication log was initialed by staff prior to the medications being administered. Medications including Aspirin low dose 81 mg (9AM), Biotin 5,000 capsule (9AM), Glucosamine-Chondroitin Cap (9AM, 3PM, 9PM), Lamotrigine 100 MG tabs (9 am, 9PM), Losartan 25 (9AM) and Meloxicam 15 mg (9am) were initialed on paper medication log from 10/01/2023-10/31/2023.

Resident C's October 2023 medication logs were not initiated by staff on paper or electronic medication log for the following medications:

- Methocarbamol 500 mg tabs (9AM, 3PM, 9PM)- 10/17, 10/18, 10/19 (9AM)
- Preservision Areds (9 AM, 9PM)- 10/17 (9PM), 10/18

Resident D's October 2023 medication logs were not initiated by staff on paper or electronic medication log for the following medications:

- Atorvastatin 20 mg (8PM)- 10/17
- Breo Ellipta 100-25 MCG inhaler (9AM)- 10/16, 10/17, 10/18, 10/19
- Furosemide 20 mg (9AM)- 10/16, 10/17, 10/18, 10/19
- Furosemide 40 mg 40 mg (9AM)- 10/16, 10/17, 10/18, 10/19
- Levothyroxine Sodium 25 MCG (9AM)- 10/16, 10/17, 10/18, 10/19
- Metoprolol Suc Er 100 mg (9 AM)- 10/18, 10/19
- Potassium CL Er 10 MEQ CAP (9AM)- 10/18, 10/19
- Rivastigmine 4.6 mg patch (9AM)- 10/18, 10/19
- Xarelto 15 mg (6PM)- 10/18
- Methotrexate Sodium 2.5 MG (9AM)- 10/16, 10/17, 10/18, 10/19

Resident D's medication log indicates Methotrexate Sodium 2.5 MG (9AM) should be taken - four tablets by mouth every Monday. The October 2023 paper medication log is initialed daily for the medication from 10/01/2023 -10/15/2023.

Resident D's medication log indicates to apply Triamcinolone Acetonide 0.1 mg to bilat arms 2x a day for 14 days. Resident A's October 2023 medication log was initialed by staff for the medication from 10/01/2023 - 10/19/2023.

On 10/24/2023, I completed an onsite renewal inspection. Licensee Designee, Amitkumar Kalasariya, indicated that since the interim inspection, medication logs have been corrected and home has gone to using strictly paper medication logs.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 05/19/2023, CAP dated 05/26/2023

R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(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.

A daytime fire drill was not completed for the 3rd quarter of 2023.

I completed an exit conference with Licensee Designee, Amitkumar Kalasariya, on 11/09/2023 by phone. I informed Mr. Kalasariya of the violations found and of the recommendation for refusal to renew license.

IV. RECOMMENDATION

Refusal to renew the license is recommended.

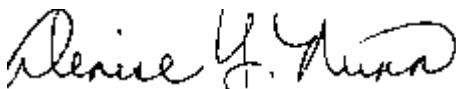


11/09/2023

Kristine Cilluffo
Licensing Consultant

Date

Approved by:



11/09/2023

Denise Y. Nunn
Area Manager

Date