



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 16, 2024

Morea, Lidia and Morea, Liviu-loan
1354 Lamb Dr.
Troy, MI 48085

RE: License #: AF630285293
The House of Hope
1354 Lamb Dr.
Troy, MI 48085

Dear Lidia Morea and Liviu-loan Morea:

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 (248) 975-5053.

Sincerely,

A handwritten signature in grey ink that reads "Sheena Worthy". The signature is fluid and cursive, with the first name "Sheena" being more prominent than the last name "Worthy".

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License#: AF630285293

Licensee Name: Morea, Lidia and Morea, Liviu-Ioan

Licensee Address: 1354 Lamb Dr.
Troy, MI 48085

Licensee Telephone #: (248) 524-1734

Licensee/Licensee Designee: Lidia Morea

Administrator:

Name of Facility: The House of Hope

Facility Address: 1354 Lamb Dr.
Troy, MI 48085

Facility Telephone #: (248) 217-7485

Original Issuance Date: 01/30/2007

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/12/2024

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 3

No. of others interviewed [redacted] Role: [redacted]

- 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.
It was not meal time during the onsite.
- 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:
LSR CAP Approved 01/11/22; 440(6), 422(1)(a), 418(4)(a), 418(7), 407(2),
418(2), 405(2)
- LSR CAP Approved 12/07/19; 407(6) 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 400.1405 **Health of a licensee, responsible person, and member of the household.**

(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.

The responsible person, Flavia Morea did not provide an annual physical for 2023.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/11/22

R 400.1405 **Health of a licensee, responsible person, and member of the household.**

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

The responsible person, Flavia Morea did not provide an updated TB test result.

R 400.1418 **Resident medications.**

(2) Medication shall be given pursuant to label instructions.

According to Resident A's MAR, he is being administered the following medications without a label and/or written instructions from a doctor:

- Vitamin D3
- Senna 8.6mg
- Tylenol three times daily
- Vitamin C 500mg
- Miralax 17mg

According to Resident B's MAR, she is being administered the following medications without a label and/or written instructions from a doctor:

- Robutussin
- Calcium
- Melatonin
- Tylenol
- Miralax
- Vitamin C
- Vitamin D

The licensee Lidia Morea admits that the above referenced medications are provided by the family members, and she does not have a prescription from the doctor.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 01/11/22

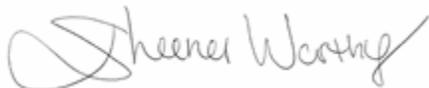
R 400.1431 Bedrooms generally.

(5) Bedrooms shall have at least 1 window.

Resident B bedroom window does not open.

IV. RECOMMENDATION

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



Sheena Worthy
Licensing Consultant

01/16/24
Date