



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 3, 2024

Charlene McNeal
Newport Care Center Inc
22977 Newport
Southfield, MI 48075

RE: License #: AS630015687
Newport Care Center Inc
22977 Newport
Southfield, MI 48075

Dear Mrs. McNeal:

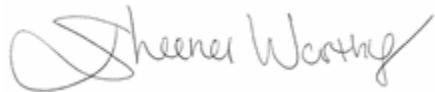
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and a date.

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 "Sheena Worthy". The signature is written in a light gray or blue ink.

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 #:	AS630015687
Licensee Name:	Newport Care Center Inc
Licensee Address:	22977 Newport Southfield, MI 48075
Licensee Telephone #:	(248) 415-2500
Licensee/Licensee Designee:	Charlene McNeal
Administrator:	Artesia Washington
Name of Facility:	Newport Care Center Inc
Facility Address:	22977 Newport Southfield, MI 48075
Facility Telephone #:	(248) 353-7818
Original Issuance Date:	01/03/1995
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/28/2023

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 2

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 12/20/21; 301(6), 301(10), 301(4), 318(5), 310(3), 312(2), 312(6), 205(2)
- LSR CAP Approved 12/03/19; 312(4)(b), 312(4)(c), 310(3), 507(5), 203(1) 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 400.14203	Licensee and administrator training requirements.
	(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. (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The licensee designee Charlene McNeal did not complete the required 16 hours of annual training for 2022 or 2023. Ms. McNeal completed 15 hours in 2022 and 3 hours in 2023.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 12/03/19; CAP approved 12/03/19

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

The licensee designee Charlene McNeal did not provide any verification of her annual physicals for 2022 or 2023.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 12/20/21; CAP approved 12/20/21

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

The licensee designee Charlene McNeal did not provide an updated TB test.

R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

During the onsite, the administrator Artesia Washington stated the AFC group home was closed for at least a couple of months in 2022 due to lack of staffing. The residents in the home were relocated to a different AFC group home (Irvine Neuro Rehabilitation Center, AL630094857).

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A was admitted on 09/14/22 however; his assessment plan was not signed by the administrator Artesia Washington until 10/31/22.

REPEAT VIOLATION ESTABLISHED
Reference LSR dated 12/20/21; CAP approved 12/20/21

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

Resident A was admitted on 09/14/22. However, his resident care agreement was not signed by the administrator Artesia Washington until 09/30/22.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 12/20/21; CAP approved 12/20/21

R 400.14302	Resident admission and discharge policy; house rules; emergency discharge; change of residency; restricting resident's ability to make living arrangements prohibited; provision of resident records at time of discharge.
	(6) A licensee shall not change the residency of a resident from one home to another without the written approval of the resident or the resident's designated representative and responsible agency.

During the onsite, the administrator Artesia Washington stated the AFC group home was closed for at least a couple of months in 2022 due to lack of staffing. The residents in the home were relocated to a different AFC group home (Irvine Neuro Rehabilitation Center, AL630094857). Ms. Washington confirmed written approval was not obtained by any of the resident's guardians before their residency was changed.

R 400.14306	Use of assistive devices.
	(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.

According to Resident A's assessment plan, he uses a walker and a cane. However, the AFC group home does not have written authorization for these assistive devices.

R 400.14310	Resident health care.
	(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.

The weight record reviewed for Resident A was completed for a different AFC group home (Irvine Neuro Rehabilitation Center, AL630094857) as it included weights prior to Resident A's admission to Newport Care Center. Furthermore, Resident A weight was not documented for October or November 2022.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 12/20/21; CAP approved 12/20/21

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 12/03/19; CAP approved 12/03/19

R 400.14312	Resident medications.
	(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, I observed Resident B's Acetylcyst in the refrigerator without it being locked up.

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

Resident A's MAR indicated on 12/02/23, he was physically unable to take his Gabapentin 100mg and Alprazolam at 2:00pm. There was no explanation as to why he was unable to take the medication. It was unclear if the medication was available in the home or if he was on a leave of absence. Resident A's Tadalafil was not observed in the home.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 12/20/21; CAP approved 12/20/21

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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

Resident B is prescribed mucus relief 400mg three times a day as a PRN. However, Resident B was being administered this medication everyday without the reason for administration recorded.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 12/03/19; CAP approved 12/03/19

R 400.14315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

A Funds Part I was not provided for Resident A. The Funds Part II for Resident A and Resident B were not completed accurately as the transactions and/or balances were not adding up correctly.

R 400.14316	Resident records.
	(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: (a) Identifying information, including, at a minimum, all of the following: (i) Name. (ii) Social security number, date of birth, case number, and marital status. (iii) Former address. (iv) Name, address, and telephone number of the next of kin or the designated representative. (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home. (vi) Name, address, and telephone number of the preferred physician and hospital.

	<ul style="list-style-type: none"> (vii) Medical insurance. (viii) Funeral provisions and preferences. (ix) Resident's religious preference information. (b) Date of admission. (c) Date of discharge and the place to which the resident was discharged. (d) Health care information, including all of the following: <ul style="list-style-type: none"> (i) Health care appraisals. (ii) Medication logs. (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures. (iv) A record of physician contacts. (v) Instructions for emergency care and advanced medical directives. (e) Resident care agreement. (f) Assessment plan. (g) Weight record. (h) Incident reports and accident records. (i) Resident funds and valuables record and resident refund agreement. (j) Resident grievances and complaints.
--	--

Upon arrival to the home, I observed that none of the resident's files are kept inside the home. The review of the files was delayed until the administrator Artesia Washington arrived to the home with Resident A's and Resident B's files. The identification record provided for Resident A and Resident B was completed for another AFC group home as the wrong license number was documented (Irvine Neuro Rehabilitation Center, AL630094857). Resident B's identification record did not have the correct date of admission documented. Resident A's and Resident B's identification record did not include burial provisions.

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.

During each quarter for the fire drills completed in 2022, there was either no time documented, or the time did not indicate whether or not the fire drill was completed in the am or pm. During the first quarter in 2022, it was documented for January and February that the facility was closed.

During the first quarter for the fire drills completed in 2023, a sleeping fire drill was not completed.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 12/20/21; CAP approved 12/20/21

R 400.14401	Environmental health.
	(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.

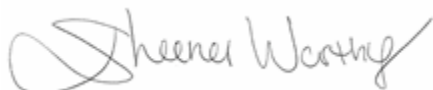
The water temperature in the kitchen was 129 degrees Fahrenheit.

R 400.14401	Environmental health.
	(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

The resident's bathroom did not have any soap, individual towels and/or paper towels.

IV. RECOMMENDATION

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



Sheena Worthy
Licensing Consultant

01/02/24
Date

Approved by:



Denise Y. Nunn
Area Manager

01/03/2024
Date