

GRETCHEN WHITMER **GOVERNOR** 

#### STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 21, 2024

Damaris Pop 31015 Runnymede St Farmington Hills, MI 48334

RE: License #: AF630398910

**Oak View Care Home** 31015 Runnymede St Farmington Hills, MI 48334

Dear Mrs. Pop:

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.

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 in 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,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems

Cadillac Place, Ste. 9-100

Detroit, MI 48202 (248) 505-8036

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

#### I. IDENTIFYING INFORMATION

**License #:** AF630398910

**Licensee Name:** Damaris Pop

**Licensee Address:** 31015 Runnymede St

Farmington Hills, MI 48334

**Licensee Telephone #:** (248) 476-4825

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Oak View Care Home

Facility Address: 31015 Runnymede St

Farmington Hills, MI 48334

**Facility Telephone #:** (248) 631-6156

Original Issuance Date: 08/23/2019

Capacity: 6

Program Type: ALZHEIMERS

AGED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	02/09/2024
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 No. of residents interviewed and/or observed No. of others interviewed  1 Role: Licensee	0
<ul> <li>Medication pass / simulated pass observed? Yes  No residents in care.</li> <li>Medication(s) and medication record(s) reviewed? Yes</li> </ul>	
<ul> <li>No residents in care.</li> <li>Resident funds and associated documents reviewed to Yes □ No ⋈ If no, explain. No residents in care.</li> <li>Meal preparation / service observed? Yes □ No ⋈</li> </ul>	
<ul> <li>No residents in care.</li> <li>Fire drills reviewed? Yes ☐ No ☒ If no, explain.</li> <li>No residents in care.</li> </ul>	
<ul> <li>Fire safety equipment and practices observed? Yes No residents in care.</li> </ul>	☐ No ⊠ If no, explain.
• E-scores reviewed? (Special Certification Only) Yes If no, explain.	☐ No ☐ N/A ⊠
<ul> <li>Water temperatures checked? Yes ☐ No ☒ If no,</li> <li>No applicable rule.</li> </ul>	explain.
<ul> <li>Incident report follow-up? Yes ☐ No ☒ If no, expla</li> <li>No residents in care.</li> </ul>	in.
Corrective action plan compliance verified? Yes ☐ 0     N/A ☒	CAP date/s and rule/s:
<u></u>	N/A 🖂
Variances? Yes ☐ (please explain) No ☐ N/A ☒	

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was fo	ound to be in non-compliance with the following rules:
MCL 400.713	License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.
	(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following:  (b) The applicant's compliance with this act and rules promulgated under this act.
There have been	no residents in care within the past two years.
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.

There was no verification that household member Jason Suiogan was test for TB within the last three-year period.		
R 400.1426	Maintenance of premises.	
	(1) The premises shall be maintained in a clean and safe condition.	
The railing on the front porch is under construction.		

## IV. RECOMMENDATION

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

Safraundamaley	02/21/2024
DaShawnda Lindsey	Date
Licensing Consultant	