



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 13, 2024

Robert Abramson
The Young Home For The Elderly
3900 E. 9 Mile Rd.
Warren, MI 48091

RE: License #: AL500094345
The Young Home
3900 E. 9 Mile Rd
Warren, MI 48091

Dear Mr. Abramson:

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 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 black ink, appearing to be 'EJ', written in a cursive style.

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AL500094345
Licensee Name:	The Young Home For The Elderly
Licensee Address:	3900 E. 9 Mile Rd. Warren, MI 48091
Licensee Telephone #:	(585) 756-5307
Licensee/Licensee Designee:	Robert Abramson
Administrator:	Robert Abramson
Name of Facility:	The Young Home
Facility Address:	3900 E. 9 Mile Rd Warren, MI 48091
Facility Telephone #:	(586) 756-5307
Original Issuance Date:	07/16/2001
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/06/2024

Date of Bureau of Fire Services Inspection if applicable: 2/7/24

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 18

No. of others interviewed N/A 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.
- 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.
None needed
- 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 400.15312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.</p>

During the onsite inspection on 2/6/24, I observed the following medication errors:

- The label on Resident A's medication Sulfamethoxazole-Tmp SS did not match the Medication log.
- Resident B's medication log was not initialed for the medication Furosemide 20 mg on 1/18/24 and 1/24/24.
- Resident B's medication log was not initialed for the medication Clopidogrel 75mg on 01/28/24.
- Resident C's medication Iron Pill did not have a label nor did the facility have a medical order for the medication.
- Resident C's medication Anti-Fungal cream and powder did not have a label nor did the facility have a medical order for the medication.

R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection on 02/06/24, I observed that all Resident Bedroom doors were not equipped with positive-latching, non-locking-against-egress hardware. Resident Room #9's door lock is on the outside of the room, which allows the resident to be locked in the room with no way to exit.

IV. RECOMMENDATION

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



2/13/24

Eric Johnson
Licensing Consultant

Date

