



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 4, 2024

Zad White
Caring Hands AFC
PO Box 37618
Oak Park, MI 48237

RE: License #: AS820297796
Caring Hands AFC II
20498 Basil
Detroit, MI 48235

Dear Mr. White:

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 (313) 456-0380.

Sincerely,



K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820297796

Licensee Name: Caring Hands AFC

Licensee Address: 24270 Ithaca
Oak Park, MI 48237

Licensee Telephone #: (248) 670-9787

Licensee/Licensee Designee: Zad White, Designee

Administrator: Zad White

Name of Facility: Caring Hands AFC II

Facility Address: 20498 Basil
Detroit, MI 48235

Facility Telephone #: (313) 340-9151

Original Issuance Date: 04/15/2009

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/29/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 04

No. of others interviewed 01 Role: Home Manager

- Medication pass / simulated pass observed? Yes No If no, explain.
Meds passed prior to my arrival.
- 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.
Bagged lunches prepared for lunch at the Day Program.
- 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
2020: 301(8) and 315(3) 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 400.14312

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:

(b) Complete an individual medication log that contains all of the following information:

(i) The medication.

(ii) The dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

Observed Jan 2024 Medication Administration Records (MARs) with direct care worker, Erica Dickerson's initials in spaces that don't exist. She signed the MARs in spaces that have no designated times for the medication to be administered. The home manager could not provide an explanation for the extra signatures, but she did say the medication had been administered by the Staff person who signed in the correct areas.

R 400.14315

Handling of resident funds and valuables.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

Licensee has consistently maintained more than \$200 cash on hand for resident(s).

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.

No time of day was written on the fire drills logs on 11/11/23 and 12/5/23. Therefore, the department could not determine compliance with 4th quarter fire drills.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

Observed the heat detector in the kitchen was constantly chirping, as well as, the smoke detector above the landing at the back door.

IV. RECOMMENDATION

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



03/04/24

Kara Robinson
Licensing Consultant

Date