



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 22, 2024

Estera Pop  
23600 Middlebelt Road  
Farmington Hills, MI 48336

RE: License #: AF630388988  
**Westview Care Home**  
**23600 Middlebelt Road**  
**Farmington Hills, MI 48336**

Dear Ms. Pop:

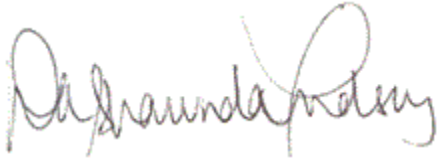
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

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 cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
Detroit, MI  
(248) 505-8036

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630388988
<b>Licensee Name:</b>	Estera Pop
<b>Licensee Address:</b>	23600 Middlebelt Road Farmington Hills, MI 48336
<b>Licensee Telephone #:</b>	(248) 631-6105
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Westview Care Home
<b>Facility Address:</b>	23600 Middlebelt Road Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(248) 631-6105
<b>Original Issuance Date:</b>	08/31/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## 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 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Licensee

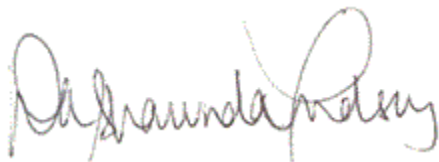
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
The inspection did not occur during a meal time.
- 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.  
No applicable rule.
- Incident report follow-up? Yes  No  If no, explain.  
There were no incident reports that required a follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
Renewal 2022- af405(3), af418(4)(a) and af438(4) 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:	
<b>R 400.1418</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given pursuant to label instructions.</b>
Per the medication administration record, Resident A is prescribed Quetiapine fumarate 75mg. Per the medication bottle, Resident A is administered Quetiapine fumarate 50mg.	
<b>R 400.1437</b>	<b>Smoke detection equipment.</b>
	<b>(1) At least 1 single-station smoke detector shall be installed at the following locations:</b> <b>(b) On each occupied floor, in the basement, and in areas of the home which contain flame- or heat-producing equipment.</b>
There was not a smoke detector in the area of the stove.	

**IV. RECOMMENDATION**

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



02/22/2024

DaShawnda Lindsey  
Licensing Consultant

Date