



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 8, 2024

Connie Hubbard  
9912 Leverage  
Redford, MI 48239

RE: License #: AS820384841  
**Arbor Manor**  
**9912 Leverage**  
**Redford, MI 48239**

Dear Mrs. Hubbard:

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 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive, flowing style.

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**

<b>License #:</b>	AS820384841
<b>Licensee Name:</b>	Connie Hubbard
<b>Licensee Address:</b>	9912 Leverage Redford, MI 48239
<b>Licensee Telephone #:</b>	(313) 693-5486
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	
<b>Name of Facility:</b>	Arbor Manor
<b>Facility Address:</b>	9912 Leverage Redford, MI 48239
<b>Facility Telephone #:</b>	(313) 693-5486
<b>Original Issuance Date:</b>	07/12/2017
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/31/2024

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 01

No. of others interviewed 00 Role: N/A

- 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.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
2022: 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:

**MCL 400.734b**      **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

**(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good-faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency. Until June 30, 2020, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. Until June 30, 2020, the adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. Beginning July 1, 2020, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal**

**history check, the charge shall be paid by the adult foster care facility, the staffing agency, or the individual. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the individual maintained by the department of state police.**

Direct care worker, Alexis Terrell was hired to work at the facility on 10/2/22 per Mrs. Hubbard. However, to date, Mrs. Hubbard has not obtained a background check on Alexis.

On 2/2/24, I completed an exit conference with Mrs. Hubbard who stated, "The fingerprint I didn't do ... there's no particular reason why." Then, I asked Mrs. Hubbard if she is familiar with the fingerprint requirement and she responded, "Yes, for newly trained workers." I provided technical assistance to Mrs. Hubbard to explain the fingerprint requirement is for all new employees despite their level of training.

**R 400.14204**

**Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

- (b) First aid.**
- (c) Cardiopulmonary resuscitation.**
- (d) Personal care, supervision, and protection.**
- (e) Resident rights.**
- (f) Safety and fire prevention.**
- (g) Prevention and containment of communicable diseases.**

Although Alexis was hired on 10/2/22, she did not complete the above trainings until 2023. Specifically, Alexis completed Personal care, supervision, and protection, Resident rights, Safety and fire prevention, and Prevention and containment of communicable diseases training September 2023. Alexis completed CPR and First Aid training on 2/16/23.

It should be noted, Alexis is live-in Staff, so she covers shifts alone.

**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.**

(3) A licensee shall maintain, in the home, and make available for department review, 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 direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Mrs. Hubbard failed to obtain a physician statement that attests to Alexis's health. Alexis has no medical records on file. She was due for an at-hire physical by 11/1/22.

On 2/2/24, I completed an exit conference with Mrs. Hubbard. Mrs. Hubbard acknowledged she does not have a copy of Alexis's medical records. Mrs. Hubbard replied, "I don't have a copy of that."

**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.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Mrs. Hubbard failed to obtain TB testing results for Alexis. Alexis has no medical records on file.

On 2/2/24, I completed an exit conference with Mrs. Hubbard. Mrs. Hubbard acknowledged she does not have a copy of Alexis's medical records. Mrs. Hubbard replied, "I don't have a copy of that either."

It should be noted that Mrs. Hubbard typically provides placement to the aged population which places them at higher risk for health related concerns.

**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.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Mrs. Hubbard failed to review annually review Alexis's health status. Alexis has no medical record on file.

On 2/2/24, I completed an exit conference with Mrs. Hubbard. Mrs. Hubbard did not provide a reasonable explanation why Alexis has no medical records available.

**R 400.14207            Required personnel policies.**

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

Mrs. Hubbard failed to verify Alexis received a copy of the home's policies and procedures manual.

**R 400.14207            Required personnel policies.**

(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.

Mrs. Hubbard failed to verify Alexis received a copy of her job description.

**R 400.14208            Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (e) Verification of experience, education, and training.

Mrs. Hubbard has not maintained a sufficient record for Alexis Terrell's experience, education, and training.

**R 400.14208            Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (f) Verification of reference checks.

Mrs. Hubbard failed to obtain reference checks on Alexis.

**R 400.14208            Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (g) Beginning and ending dates of employment.

Alexis's employee record does not include her start date of employment. On the day of inspection, Alexis phoned Mrs. Hubbard to obtain her start date. Mrs. Hubbard indicated that she forgot to document the start date in the record.

**R 400.14210            Resident register.**

- A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:
- (a) Date of admission.
  - (b) Date of discharge.
  - (c) Place and address to which the resident moved, if known.

No Resident Register was available upon request on the day of inspection. Alexis did not appear remotely familiar with the form.

On 2/2/24, I completed an exit conference with Mrs. Hubbard. Mrs. Hubbard reported the Resident Register was locked inside a bookshelf that Alexis did not have access to on the day of inspection.

**R 400.14301****Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A was admitted to the home on 10/7/23; Resident A's health care appraisal is dated 3/8/23 which is not within the 90-day requirement for physicals obtained prior to the placement.

**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.

Observed Resident A's weight record has no weight recorded in December 2023.

**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:

(a) Be trained in the proper handling and administration of medication.

Alexis has been working at the facility since 10/2/22; her Medication Administration training was completed on 9/8/23. Alexis acknowledged she signed resident Medication Administration Records (MAR) using Mrs. Hubbard's initials prior to completing the training. Alexis indicated Mrs. Hubbard would often come to the home to administer resident medication, but in the event, Mrs. Hubbard was not onsite when it was time to administer medication, Alexis would administer and sign.

I observed resident medication records with medication administration times to be administered 3-4 times daily.

On 2/2/24, I completed an exit conference with Mrs. Hubbard. Mrs. Hubbard insisted she would come to the home multiple times per day to administer resident medication. I informed Mrs. Hubbard that I find it hard to believe that she would come to the home 3-4 hours apart to administer resident medication especially considering she had paid staff on duty. In addition, I asked Mrs. Hubbard how often she goes to the home, and she said 3-4 times weekly. However, Mrs. Hubbard maintains Alexis did not administer resident medication until she completed medication training.

**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.

I observed the following medication errors on 1/31/24:

- Medication had been administered, but it wasn't recorded on the MAR. Specifically, Resident A's Carbidopa/Levodopa ER 50mg, Losartan 25mg tab, and Simvastatin 20mg were not recorded on the January MAR.
- Resident A's Buspirone Hydrochloride 5mg is written on the January MAR with the words "optional", but the label instructions have this medication written as a standing order to be administered 3 times daily. Therefore, it is not a PRN medication as suggested.
- Resident A's Carbidopa/Levodopa ER 25mg is written on the MAR incorrectly as 2.5 mg (she takes 2.5 tabs 4 times daily).

On 2/2/24, I completed an exit conference with Mrs. Hubbard. When asked about the medication errors, Mrs. Hubbard's reply is that those medications should have been written on the MAR as prescribed.

**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.

Mrs. Hubbard failed to complete a Resident Funds I form for Resident A who's been residing at the home since October 2023.

Payments were made to the home and not documented on the Resident Funds II form. I only observed one payment recorded for Resident A's cost of care on 10/7/23. No payments were recorded for 11/23, 12/23, or 1/24. Alexis indicated Resident A is current on all payments made to the home.

**R 400.14402      Food service.**

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

Observed the deep freezer in the basement has no thermometer. Alexis was not able to locate the thermometer upon request.

**R 400.14403      Maintenance of premises.**

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

Observed an accordion style dryer vent attached to the dryer. Replace with solid metal duct.

**R 400.14407      Bathrooms.**

(3) Bathrooms shall have doors. Only positive-latching, non-locking against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

Observed the bathroom door has locking against egress hardware.

On 2/2/24, I completed an exit conference with Mrs. Hubbard. Mrs. Hubbard stated she does not remember why the bathroom lock had been installed.

**R 400.14408      Bedrooms generally.**

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

Observed 1 of 3 bedroom doors has locking against egress hardware.

On 2/2/24, I completed an exit conference with Mrs. Hubbard. Mrs. Hubbard reported the bedroom locked was changed, so the live-in staff could have “privacy.” I explained to Mrs. Hubbard that resident bedrooms are designated for residents and not live-in staff.

**R 400.14507      Means of egress generally.**

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

Observed the front door has a deadbolt lock installed that does lock against egress.

On 2/2/24, I completed an exit conference with Mrs. Hubbard. Mrs. Hubbard acknowledged she changed the “original lock” for “safety”, but stated in a matter of fact manner, the lock could be replaced tomorrow.

**R 400.14510      Heating equipment generally.**

(5) Portable heating units shall not be permitted.

Observed a space heater inside the bedroom area where Alexis resides. Alexis acknowledged having used the space heater.

On 2/2/24, I completed an exit conference with Mrs. Hubbard. Mrs. Hubbard explained the day room gets a little chilly, so Staff use the space heater to heat the area for the current resident. Mrs. Hubbard questioned why a space heater could not be used with staff supervision. I explained to Mrs. Hubbard that portable heating units are not permitted with or without staff supervision in accordance with the Administrative Rules.

**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.

Observed resident medication that was not in a pharmacy-supplied container with label instructions. I saw medication for Resident A being stored in a Ziplock sandwich baggie labeled with the words "Donepezil extras" written in black marker. Alexis explained they use these "extras" to administer resident medication on the 31<sup>st</sup> of the month because their pharmacy only fills prescriptions for 30-days. So, for months like January with 31 days, Alexis said they keep the extras to use during these months.

**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.

Resident B was discharged from the home on or around 7/10/23. Alexis reported Resident B left the home at the end of June to go to a rehabilitation center, but once his mobility did not improve, he never returned to the home. Upon review of the fire drill records, I observed falsified documents that state Resident B participated in fire drills at the home in July and August 2023. July's fire drill has Resident B recorded as "in bed sleeping" and August's fire drill has Resident B recorded as "outside smoking." Both reports are signed by Mrs. Hubbard as the person completing the log.

On 2/2/24, I completed an exit conference with Mrs. Hubbard. According to Mrs. Hubbard, Resident B's son didn't pick up his belongings until 8/30/23. However, Mrs. Hubbard reported Resident B physically left the home "sometime late June." Mrs. Hubbard also reported Resident B's cost of care was paid through July since she held his bed in anticipation of his return.

On 2/2/24, I completed an exit conference with Mrs. Hubbard. Mrs. Hubbard's reasoning for violating many of the rules were not rationale or justifiable mistakes. Mrs. Hubbard's blatant disregard for the rules seemed deliberate and very calculated especially considering she's been licensed since 7/12/17. Therefore, the department is recommending a provisional license to afford Mrs. Hubbard the opportunity to achieve compliance with the licensing rules and statutes.

#### IV. RECOMMENDATION

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



2/7/24

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K. Robinson  
Licensing Consultant

Date



2/8/24

Ardra Hunter  
Area Manager

Date