



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 3, 2024

Solema Ogoy  
4Gems Adult Foster Care LLC  
48440 Montelepre Dr  
Shelby Township, MI 48315

RE: License #: AS500388052  
**4Gems Adult Foster Care**  
**8138 Hedgeway Dr**  
**Shelby Township, MI 48317**

Dear Ms. Ogoy:

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 that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500388052
<b>Licensee Name:</b>	4Gems Adult Foster Care LLC
<b>Licensee Address:</b>	48440 Montelepre Dr Shelby Township, MI 48315
<b>Licensee Telephone #:</b>	(586) 819-7573
<b>Licensee/Licensee Designee:</b>	Solema Ogoy
<b>Administrator:</b>	Solema Ogoy
<b>Name of Facility:</b>	4Gems Adult Foster Care
<b>Facility Address:</b>	8138 Hedgeway Dr Shelby Township, MI 48317
<b>Facility Telephone #:</b>	(586) 819-7573
<b>Original Issuance Date:</b>	10/05/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/01/2024

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 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medications with licensee designee.
- 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.  
Inspection did not occur during a meal preparation.
- 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:  
CAP date 04/05/2022- AS205(5), AS208(1)(f), AS301(9), AS306(2)(3), AS310(3),  
AS312(4)(b)(ii), AS507(5) 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:

<p><b>R 400.14205</b></p>	<p><b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b></p>
	<p><b>(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.</b></p>
<p>Staff, Sophia Ogoy, was hired in 2022. Her medical statement was dated 03/19/2024. A medical statement should be obtained within 30 days of an individual's employment.</p>	
<p><b>R 400.14205</b></p>	<p><b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b></p>
	<p><b>(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.</b></p>
<p>Staff, Sophia Ogoy, was hired in 2022. Her TB test was dated 03/17/2024. A TB test should be obtained before assumption of duties in the home.</p>	
<p><b>R 400.14304</b></p>	<p><b>Resident rights; licensee responsibilities.</b></p>
	<p><b>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's</b></p>

	<p>designated representative, a copy of all of the following resident rights:</p> <p>(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</p>
<p>During the onsite inspection, I observed cameras mounted on the ceiling in resident bedrooms. Cameras should be removed from bedrooms to allow residents privacy.</p>	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	<p>(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.</p>
<p>Resident A and Resident B did not have use of toilet raiser and shower chair listed in assessment plans.</p> <p><b>REPEAT VIOLATION ESTABLISHED. LSR dated 04/05/2022. CAP dated 04/05/2022</b></p>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<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>(a) Be trained in the proper handling and administration of medication.</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>

Resident A's January and February 2024 medication logs were missing staff initials for the following dates:

Ammonium Lactate 12% Lotion- 02/01-02/29

Cholecalciferol, Vit D3 50 Mcg cap, Torsemide 20 mg, Midodrine 5 mg, Bupropion Hcl 75 mg, Sertraline Hcl 100 mg, Metoprolol tartrate 25 mg, Xarelto, Spironolactone 25 mg, Atorvastatin 10 mg, Symbicort inhaler, Spiriva inhaler, Multivitamin chew, Vitamin C 1000 mg, Zinc gluconate 50 mg- 02/01-02/02, 02/05-02/09, 02/12-02/16, 02/19-02/23, 02/26-02/29

Xarelto- 01/05-01/31

Spironolactone 25 mg, Atorvastatin 10 mg, Symbicort inhaler, Spiriva inhaler- 01/10-01/31

Alendronate Sodium 70 mg tab- take one tab by mouth weekly in empty stomach- missing January 2024 initials.

#### IV. RECOMMENDATION

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



04/03/2024

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Kristine Cilluffo  
Licensing Consultant

Date