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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 1, 2024

Melissa & Angel Suco PO Box 603 3680 Churchill Road Leslie, MI 49251

RE: License #: AS330397180

Carolyn's Care Home 3680 Churchill Road Leslie, MI 49251

# Dear Melissa & Angel Suco:

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 designee 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 (517) 284-9730.

Sincerely,

Maktina Rubritius

Mahtina Rubritius, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa P.O. Box 30664 Lansing, MI 48909 (517) 262-8604

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

#### I. IDENTIFYING INFORMATION

**License #:** AS330397180

Licensee Name: Melissa & Angel Suco

Licensee Address: PO Box 603

3680 Churchill Road Leslie, MI 49251

**Licensee Telephone #:** (646) 808-7393

Licensee/Licensee Designee: N/A

Administrator: Melissa Suco

Name of Facility: Carolyn's Care Home

Facility Address: 3680 Churchill Road

Leslie, MI 49251

**Facility Telephone #:** (517) 589-9118

Original Issuance Date: 11/07/2019

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/25/2024		
Date of Bureau of Fire Services Inspection if applicable: N/A		
Date of Health Authority Inspection if applicable: Pending		
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  O Role:		
Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.		
Medication(s) and medication record(s) reviewed? Yes ⊠ No ☐ If no, expla	ıin.	
<ul> <li>Resident funds and associated documents reviewed for at least one resident?         Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ⋈ If no, explain.         The on-site inspection was not concurrent with the mealtimes.</li> <li>Fire drills reviewed? Yes ⋈ No ☐ If no, explain.</li> </ul>		
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain.</li> </ul>		
<ul> <li>Incident report follow-up? Yes ☐ No ☒ If no, explain. Incident Reports are no longer required to be submitted to LARA.</li> <li>Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: R 400. 14205 (3), R 400.14507 (5) N/A ☐</li> <li>Number of excluded employees followed-up? N/A ☒</li> </ul>		
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 400.14301

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

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

The assessment plan for Resident A was last reviewed on April 19, 2022. The assessment plan was not reviewed annually, as required.

R 400.14301

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

The Resident Care Agreement for Resident A was last reviewed on April 19, 2022. The Resident Care Agreement was not reviewed annually, as required.

# 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.

- The carpet in Resident A's bedroom required cleaning or replacement.
- The blinds in the bathroom required replacement.
- The basement of the facility was being utilized for storage and required decluttering.

# R 400.14511 Flame-producing equipment; enclosures.

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

There were combustible materials stored in the room that contained the furnace.

### IV. RECOMMENDATION

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

Mahtina Rubeitius	5/01/2024
Mahtina Rubritius Licensing Consultant	Date