



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 24, 2024

Pusha Iambor
6084 28 Mile Rd
Washington, MI 48094

RE: License #: AF500411402
House On The Hill
6084 28 Mile Rd
Washington, MI 48094

Dear Ms. Iambor:

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

License #:	AF500411402
Licensee Name:	Pusha Iambor
Licensee Address:	6084 28 Mile Rd Washington, MI 48094
Licensee Telephone #:	(586) 610-9508
Licensee/Licensee Designee:	Pusha Iambor
Administrator:	N/A
Name of Facility:	House On The Hill
Facility Address:	6084 28 Mile Rd Washington, MI 48094
Facility Telephone #:	(586) 948-0591
Original Issuance Date:	01/29/2024
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/24/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 12/06/2023

No. of staff interviewed and/or observed 2

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.
Reviewed medication passing procedures with home.
- 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.
Home accepted first resident on 07/17/2024.
- 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.
No incident reports completed.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
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 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.
	<p>(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:</p> <p>(a) The amount of personal care, supervision, and protection required by the resident is available in the home.</p> <p>(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.</p> <p>(c) The resident appears to be compatible with other residents and members of the household.</p>
Resident A did not have an assessment plan completed.	
R 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.
	(8) A licensee shall record in the resident's record the physician's instructions for the care of the resident as required in subrule (7) of this rule.
The home did not have physician authorization or instructions in Resident A's file for use of assistive devices including use of wheelchair, Hoyer lift and hospital bed.	
R 400.1440	Heat-producing equipment.
	(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.

During the onsite inspection, I observed that the self-closing device on door to furnace was not in working order.

IV. RECOMMENDATION

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



07/24/2024

Kristine Cilluffo
Licensing Consultant

Date