



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 16, 2024

Besnik Gojka
5019 Tyler Dr
Troy, MI 48085

RE: License #: AS630380242
House Of Angels
2420 W Square Lake Rd
Troy, MI 48098

Dear Besnik Gojka:

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 (248) 975-5053.

Sincerely,

A handwritten signature in dark ink that reads "Kristen Donnay". The signature is written in a cursive style with a large, looped "D" and a trailing flourish.

Kristen Donnay, Licensing Consultant
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630380242
Licensee Name:	Besnik Gojka
Licensee Address:	5019 Tyler Dr Troy, MI 48085
Licensee Telephone #:	(248) 376-6898
Name of Facility:	House Of Angels
Facility Address:	2420 W Square Lake Rd Troy, MI 48098
Facility Telephone #:	(248) 879-3245
Original Issuance Date:	03/03/2016
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/15/2024

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

- 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:
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 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

During the onsite inspection, the licensee, Besnik Gojka, did not have documentation that TB testing was completed every 3 years (TB test on file dated: 07/2020).

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.

During the onsite inspection, the employee file for Anjelina Gojka did not have documentation that TB testing was completed every 3 years (TB test on file dated: 07/2020).

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.

During the onsite inspection, the assessment plan on file for Resident I was not completed at the time of admission. (Admission date: 02/17/24; Assessment Plan dated: 04/23/24).

REPEAT VIOLATION ESTABLISHED:
Renewal Licensing Study Report Dated: 08/09/22; CAP Dated: 08/17/22

R 400.14312	Resident medications.
	<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>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (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.

During the onsite inspection, I reviewed the medication administration records (MARs) and medications for Resident J and Resident I. I noted the following:

- Resident J's July 2024 MAR was initialed with circled initials from 07/18/24-07/21/24 for the 9:00pm dose of Alprazolam 0.25mg tablet. There was no explanation noted as to why the initials were circled or why the medication was not passed on these dates.
- On 07/16/24, the doctor changed Resident J's prescription for Quetiapine Fumarate (Seroquel) 25mg from take ½ tablet by mouth at bedtime to take ½ tablet twice daily. The July MAR shows the original 9:00pm dose of Quetiapine Fumarate as discontinued on 07/24/24. Quetiapine Fumarate 25mg at 9:00am and 9:00pm was written onto the MAR beginning 07/18/24. From 07/18/24-07/23/24, staff initialed the MAR twice for the 9:00pm dose of Quetiapine Fumarate.
- Staff did not include the dosage or label instructions for use when the new dose of Quetiapine Fumarate was added to Resident J's July 2024 MAR. The MAR stated only, "Quetiapine Fumarate 25mg" and did not specify take ½ tablet twice daily.
- Resident I's August 2024 MAR was not initialed at the time medication was given for the 9:00am medications on 08/15/24.
- Resident I's June 2024 MAR was not initialed for the 9:00am dose of Divalproex on 06/29/24 or the 9:00pm dose on 06/28/24 or 06/29/24.

- Resident I's June 2024 MAR shows Divalproex SOD DR (Depakote) 125mg tablet- take one tablet by mouth 2 times a day for 14 days beginning 05/10/24. It also lists Divalproex SOD DR 250mg- take one tablet by mouth 2 times a day. Staff made an error and crossed out the entry for 250mg as discontinued and initialed the 125mg dose which was discontinued in May for the entire month of June.
- Resident I's June 2024 MAR was not initialed for the 8:00am dose of Metformin HCL 500mg tablet on 06/29/24 or the 12:00pm dose on 06/28/24 or 06/29/24.
- Resident I's July 2024 and August 2024 MARs did not contain the correct instructions for use for the Admelog Solostar (Humalog) 100 unit kwikpen injections. The MAR states inject 4 units two times a day with meals, hold if SG less than 150. On 07/16/24, the doctor wrote a new order instructing that the injection be held if blood glucose was less than 200. The MAR was not updated to reflect the new instructions. The July and August 2024 MARs also listed 9:00am, 12:00pm, and 5:00pm for this medication, which is prescribed only twice daily.
- Staff were not consistently documenting when Resident I's Humalog was being held due to her blood glucose levels being below the cutoff. They were not initialing the medication logs or writing any comments to show the medication was held for this reason.
- Resident I's Metformin HCL 500mg tablet is prescribed take one tablet by mouth 2 times a day. The August 2024 MAR notes the medication is being passed at 8:00am and 2:00pm, but the bubble pack had 12:00pm written on it.

REPEAT VIOLATION ESTABLISHED:

Renewal Licensing Study Report Dated: 08/09/22; CAP Dated: 08/17/22

R 400.14312	Resident medications.
	<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>(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.</p>

During the onsite inspection, Resident J's August MAR listed PRN prescriptions for Alprazolam (Xanax) 0.25mg- take one tablet by mouth daily as needed and Docusate Sodium (Colace) 100mg- take one capsule by mouth every day as needed for constipation. These PRN medications were not present in the home during the onsite inspection. Anjelina Gojka stated that the medications were discontinued, but there were no orders or written instructions on file showing that the medications had been discontinued.

R 400.14312	Resident medications.
	<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>(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.</p>

The controlled substance medication count for Resident J's Alprazolam .25mg tablet shows Resident J did not receive the medication from 07/18/24-07/21/24. The medication log was also initialed with circled initials for these dates. There was no documentation as to why Resident A did not receive the medication during this timeframe. There was no documentation showing that a health care professional was contacted regarding the missed medication or what instructions were given.

R 400.14401	Environmental health.
	<p>(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.</p>

During the onsite inspection, the water temperature was measured to be 122°F in the kitchen and 135°F in bathroom #2.

IV. RECOMMENDATION

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

Kristen Donnay

08/16/2024

Kristen Donnay
Licensing Consultant

Date