



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 17, 2024

Josie Byrd  
Family 1st Home Health Care, LLC  
29361 Murray Crescent Dr.  
Southfield, MI 48076

RE: License #: AS630418148  
Family 1st Home Health Care LLC  
29361 Murray Crescent Dr.  
Southfield, MI 48076

Dear Josie Byrd:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance and/or
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
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**

<b>License #:</b>	AS630418148
<b>Licensee Name:</b>	Family 1st Home Health Care, LLC
<b>Licensee Address:</b>	29361 Murray Crescent Dr. Southfield, MI 48076
<b>Licensee Telephone #:</b>	(248) 470-2663
<b>Licensee Designee:</b>	Josie Byrd
<b>Administrator:</b>	Lisa Hill
<b>Name of Facility:</b>	Family 1st Home Health Care LLC
<b>Facility Address:</b>	29361 Murray Crescent Dr. Southfield, MI 48076
<b>Facility Telephone #:</b>	(248) 470-2663
<b>Original Issuance Date:</b>	04/01/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/17/2024

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 1

No. of others interviewed 2 Role: LD/Admin.

- 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.  
Inspection did not occur during meal time
- 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:

<b>MCL 400.734b</b>	<b>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.</b>
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

During the onsite inspection, the employee files for Debbie Rushing and Ashley McVay did not contain verification that fingerprinting was completed through the Michigan Workforce Background Check system.

<b>R 400.14205</b>	<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>
	(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.

During the onsite inspection, the employee files for Debbie Rushing and Ashley McVay did not contain a current physical or verification of an annual health review.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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.

During the onsite inspection, Resident H's insulin was being stored in the refrigerator and was not in a locked box. The insulin pens that were currently being administered were also removed from the pharmacy labeled boxes.

<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>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> <li>(i) The medication.</li> <li>(ii) The dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> <li>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</li> <li>(vi) A resident's refusal to accept prescribed medication or procedures.</li> </ul>

- Resident R's August 2024 medication administration record (MAR) was not initialed at the time medications were administered on 08/30/24 or 08/31/24.
- The medication administration records for Resident H and Resident R were marked with an 'X' and '/' by staff, but there was no explanation written to explain if medication was refused or not passed.

<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>(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</p>

A reason was not recorded for each administration of Resident H or Resident R's PRN medications.

<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>(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.</p>

Resident R was receiving the PRN medication ZzQuil on a daily basis for several months. There was no documentation on file showing that a review process was initiated for the prolonged use of the medication.

<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>(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>

- Resident H's Fexofenadine was not administered from 07/15/24-07/19/24. Resident Hs' Benzonatate was not administered from 07/12/24-07/19/24.

There were no written instructions or orders from the doctor on file showing that the medication should be held or discontinued during this time period.

- During the onsite inspection, Resident H had Insulin Degludec Flextouch 100 pens with label instructions to inject 10 units into the skin twice a day being stored in the refrigerator. This medication was not listed on the MAR. The MAR showed that she is prescribed Insulin Glargine- take 10 units once a day. This medication was not available in the home. The licensee designee stated that the medication was changed, and they used the last dose of Insulin Glargine that morning. There were no written instructions or orders from the doctor on file regarding this medication change. It was unclear if the correct insulin or dosage was being administered.
- Resident R's Trazadone 50mg tablets were not being popped out of the bubble pack according to the date. It could not be determined if medications were being passed accurately, as there was no start date on the bubble pack.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

- During the onsite inspection, Resident H had Insulin Degludec Flextouch 100 pens with label instructions to inject 10 units into the skin twice a day being stored in the refrigerator. This medication was not listed on the MAR. The licensee designee stated that the medication was changed. The Insulin Degludec Flextouch 100 pens were not properly disposed of after the medication was discontinued, making it unclear if the correct insulin or dosage was being administered.

<b>R 400.14511</b>	<b>Flame-producing equipment; enclosures.</b>
	(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

During the onsite inspection, the self-closing device on the fire door was not working properly and the door would not fully close on its own.

A corrective action plan was requested and approved on 09/17/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

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

09/17/2024

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Kristen Donnay  
Licensing Consultant

Date