



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 1, 2024

Ihsan Asmar
R & C Homes, Inc.
4004 Lovett Ct.
Inkster, MI 48141

RE: License #: AS820354772
Investigation #: 2024A0778044
Forever Care Homes

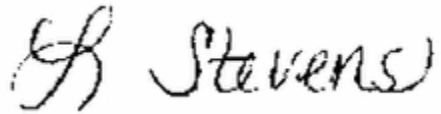
Dear Mr. Asmar:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "LaKeitha Stevens". The first name is written in a stylized, cursive script, while the last name is in a more legible, slightly cursive font.

LaKeitha Stevens, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3055

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820354772
Investigation #:	2024A0778044
Complaint Receipt Date:	09/20/2024
Investigation Initiation Date:	09/20/2024
Report Due Date:	10/20/2024
Licensee Name:	R & C Homes, Inc.
Licensee Address:	4004 Lovett Ct. Inkster, MI 48141
Licensee Telephone #:	(248) 881-7543
Administrator:	Ihsan Asmar
Licensee Designee:	Ihsan Asmar
Name of Facility:	Forever Care Homes
Facility Address:	4004 Lovett Court Inkster, MI 48141
Facility Telephone #:	(734) 589-8770
Original Issuance Date:	09/12/2014
License Status:	REGULAR
Effective Date:	03/12/2024
Expiration Date:	03/11/2026
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff gave Resident someone else's medication.	Yes

III. METHODOLOGY

09/20/2024	Special Investigation Intake 2024A0778044
09/20/2024	APS Referral APS referral received
09/20/2024	Referral - Recipient Rights Referral made
09/20/2024	Contact - Telephone call made Telephone calls made with licensee designee, Ihsan Asmar, Home Manager Sheila Jackson and staff Tiarra Williams
09/20/2024	Exit Conference Telephone exit conference with Ihsan Asmar
09/20/2024	Special Investigation Initiated - Telephone Telephone call to licensee designee, Ihsan Asmar
09/20/2024	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: Staff gave Resident someone else's medication.

INVESTIGATION: On 09/20/2024, I completed a telephone interview with licensee designee, Ihsan Asmar. He stated the above allegation is correct. He stated he would have the home manager; Sheila Jackson call me with the specifics.

On 09/20/2024, I completed a telephone interview with home manager, Sheila Jackson. Ms. Jackson stated the above allegation is correct. She stated staff, Tiarra Williams gave Resident A the wrong medication. According to Ms. Jackson, Ms. Williams immediately called her when the error occurred. She indicated Resident A vomited the medication up when she told him what happened. Ms. Jackson stated staff took Resident A to the hospital for review and observation. According to Ms. Jackson Resident A was treated at Corwell Health Wayne Hospital. She stated he was observed for two hours and discharged.

On 09/20/2024, I completed a telephone interview with staff Tiarra Williams. Ms. Williams stated she accidentally gave Resident A the wrong medication. She stated she pulled what she thought was his cart from the medication cabinet, popped the medication out and administered. According to Ms. Williams she then looked at the medication closely and immediately realized it was for another resident and the carts were out of order in the cabinet. Resident A was given another residents Ativan, Tegretol, Depakote and Benzotropine. Ms. Williams was very apologetic and stated she was sorry multiple times.

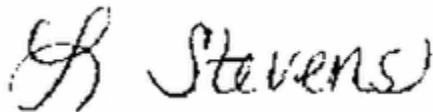
On 09/20/2024, I completed a telephone exit conference with licensee designee, Ihsan Asmar. I informed him this complaint will be substantiated. He stated he understood and he's glad Resident A was not harmed.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.

ANALYSIS:	<p>There is evidence Resident A received prescription medication that was not prescribed to him.</p> <p>On 09/20/2024, I completed telephone interviews with licensee designee Ihsan Asmar, home manager Sheila Jackson and staff Tiarra Williams. Each indicated Resident A was accidentally given Ativan, Tegretol, Depakote, and Benzotropine. These medications were not prescribed to Resident A. The error was immediately noticed, Resident A vomited and was taken to Corwell Health Wayne Hospital and discharged after two hours of observation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of the corrective action plan, I recommend the status of the license remain unchanged.



09/20/2024

LaKeitha Stevens
Licensing Consultant

Date

Approved By:



10/01/2024

Ardra Hunter
Area Manager

Date