



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 30, 2024

Bernadette Angeles  
Hand in Hand Residential Care LLC  
35851 Thornton Drive  
Sterling Heights, MI 48310

RE: License #: AS500401945  
**Hand in Hand Residential Care**  
**35851 Thornton Drive**  
**Sterling Heights, MI 48310**

Dear Ms. Angeles:

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 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 "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500401945
<b>Licensee Name:</b>	Hand in Hand Residential Care LLC
<b>Licensee Address:</b>	35851 Thornton Drive Sterling Heights, MI 48310
<b>Licensee Telephone #:</b>	(586) 610-6493
<b>Licensee/Licensee Designee:</b>	Bernadette Angeles
<b>Administrator:</b>	Bernadette Angeles
<b>Name of Facility:</b>	Hand in Hand Residential Care
<b>Facility Address:</b>	35851 Thornton Drive Sterling Heights, MI 48310
<b>Facility Telephone #:</b>	(586) 610-6493
<b>Original Issuance Date:</b>	03/18/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/29/2024

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 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Direct care staff.

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
I observed medications.
- 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 400.14207          Required personnel policies.**

**(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.**

Direct care staff Mary Joi Magnampo and Angelina Angeles employee records did not have verification of employee policies and procedures.

**R 400.14207          Required personnel policies.**

**(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.**

Direct care staff Mary Joi Magnampo and Angelina Angeles employee records did not have written job descriptions.

**R 400.14208          Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**  
**(f) Verification of reference checks.**

Direct care staff Angelina Angeles did not have verification of two reference checks completed at hire.

**R 400.14316          Resident records.**

**(1) A licensee shall complete, and maintain in the home, a separate**

record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(vi) Name, address, and telephone number of the preferred physician and hospital.

(viii) Funeral provisions and preferences.

I observed that Resident A did not have documented on the *Resident Identification Record* their preferred hospital and funeral provisions.

I observed that Resident B did not have documented on the *Resident Identification Record* their preferred physician and hospital.

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

**(3) A telephone shall be available and accessible in a home. Emergency telephone numbers shall, at a minimum, include fire, police, and medical emergency services and shall be conspicuously posted immediately adjacent to telephones.**

I observed that there were no emergency phone numbers posted adjacent to the telephone.

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

**(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.**

I observed the following fire drills were not conducted in 2022:

- Daytime drill in the first quarter.
- Evening and sleeping hours drill in the second quarter.
- Evening hours drill in the third quarter.
- Daytime, evening and sleeping hours drill in the fourth quarter.

I observed the following fire drills were not conducted in 2023:

- Daytime and evening hours drill in the first quarter.
- Evening and sleeping hours drill in the second quarter.
- Daytime and sleeping hours drill in the third quarter.
- Daytime and evening hours drill in the fourth quarter.

**R 400.14312      Resident medications.**

**(2) Medication shall be given, taken, or applied pursuant to label instructions.**

I observed that Resident B's Omeprazole 20 milligrams and Dronabinol 2.5 milligrams is prescribed to be taken twice per day and is only documented on the *Medication Administration Record* one time each.

#### **IV. RECOMMENDATION**

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



08/30/2024

---

LaShonda Reed  
Licensing Consultant

---

Date