



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 8, 2024

Mary Obi
Cross Town Home Care LLC
35748 Bibbins
Romulus, MI 48174

RE: License #: AS820407443
Cross Town Home Care
35748 Bibbins
Romulus, MI 48174

Dear Ms. Obi:

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read 'D Walker', with a horizontal line extending to the right.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License#: AS820407443

Licensee Name: Cross Town Home Care LLC

Licensee Address: 35748 Bibbins
Romulus, MI 48174

Licensee Telephone #: (248) 342-9207

Licensee/Licensee Designee: Mary Obi

Administrator: Mary Obi

Name of Facility: Cross Town Home Care

Facility Address: 35748 Bibbons
Romulus, MI 48174

Facility Telephone #: (248) 342-9207

Original Issuance Date: 10/26/2021

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/07/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 1
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

At the time of inspection, Mary Obi did not participate in, and successfully complete, 16 hours and/or 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

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.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, direct care staff Chidimma Okebaram employee file did not contain a statement signed by a licensed physician or his or her designee attesting to the physician's knowledge of physical health within 30 days of employment, and assumption of duties in the home.

R 400.14312 Resident medications.

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

At the time of inspection, Resident A's medication was not given, taken, or applied pursuant to label instructions. According to the medication administration records (MARs) Resident A's medications were administered as follows:

- Ferrous Sulphate 324MG EC TABS Red take 1 tablet Monday, Wednesday and Friday at 8:00 a.m. from 8/08/2024 – 10/07/2024
- Risperidone 2MG dissolve 1 tablet on the tongue twice daily at 8:00 a.m. and at 8:00 p.m. from 8/08/2024 – 10/07/2024

Pursuant to label instructions on the medications observed in Resident A's medication bin, it should be administered as follows:

- Ferrous Sulfate 324MG EC TAB; take 1 tablet by mouth daily.
- Risperidone ODT 2MG PO TAB; 1 tablet by mouth daily.

Mary Obi, licensee designee stated at the time Resident A was admitted, the medication labels were different and that her medication has changed. Mary Obi contacted the pharmacist Haider to confirm the label instructions. Per the pharmacist, Resident A's medications were changed on 8/08/2024 and picked up by the home on 8/16/2024.

The current label instructions are accurate and has not been administered pursuant to label.

R 400.14312 Resident medications.

(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:

(b) Complete an individual medication log that contains all of the following information:

- (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.

At the time of inspection, the direct care staff that administered Resident A's medication did not initial at the time the medication was given. Resident A's Senna 8.6MG PO TAB, take 1 tablet by mouth at bedtime as needed was given 8/11/2024 – 8/21/2024.

IV. RECOMMENDATION

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



10/08/2024

Denasha Walker
Licensing Consultant

Date