



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

May 1, 2025

Beatrice Rutaboba
5090 Amanda Drive SW
Wyoming, MI 49418

RE: License #:	AS410418208 Ruta's Home Care 5090 Amanda Dr SW Wyoming, MI 49418
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Dear Ms. Rutaboba:

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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth Elliott". The signature is written in a cursive style with a large, looping initial "E".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AS410418208
Licensee Name:	Beatrice Rutaboba
Licensee Address:	5090 Amanda Drive SW Wyoming, MI 49418
Licensee Telephone #:	(616) 589-7682
Licensee/Licensee Designee:	Beatrice Rutaboba
Administrator:	Beatrice Rutaboba
Name of Facility:	Ruta's Home Care
Facility Address:	5090 Amanda Dr SW Wyoming, MI 49418
Facility Telephone #:	(616) 589-7682
Original Issuance Date:	11/12/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 04/23/2025

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 1
No. of others interviewed 1 Role: B. Rutaboba, Licensee/Admin.

- Medication pass / simulated pass observed? Yes No If no, explain.
A review of resident medications and MAR was conducted.
- 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.
At the time of the inspection, a meal was not being prepared, an inspection of the meal prep area and food available in the facility conducted.
- 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 400.14204	Direct care staff; qualifications and training.
	(1) Direct care staff shall not be less than 18 years of age and shall be able to complete required reports and follow written and oral instructions that are related to the care and supervision of residents.
Finding: The licensee has an employee that is under the age of 18 years old. Licensee Response: Ms. Rutaboba stated she was not aware of this rule and thought the employee was 18. However, the paperwork shows a birth year of 2008.	
R 400.14312	Resident medications.
	(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.
	(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: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Findings:

- Resident A's medication Hydroxyz HCL Tab 10 MG, take 2 tablets (20MG) by mouth every night at bedtime is not signed as administered on 04/18/2025. The staff signature spot on the MAR is blank.
- Resident A's medication Hydroxyz HCL Tab 10MG, take 1 tablet by mouth every morning with breakfast is documented as a PRN (as needed) medication on the MAR (medication administration record) but on the medication label, it does not indicate anywhere that this medication should be given on an as needed basis but rather is prescribed to be administered every morning with breakfast. The MAR is not signed by staff showing that they administered the medication but after a review of the packaged medication, it appeared as though the medication is administered daily but not signed by staff on the MAR.

Licensee Response: Ms. Rutaboba stated she will immediately call the pharmacist and get Resident A's Hydroxyz medication on the MAR as a regular medication and not a PRN. Ms. Rutaboba stated she will make sure the medication is administered as prescribed and documented on the MAR properly.

On 04/23/2025, I conducted an exit conference with Beatrice Rutaboba and explained my findings. Ms. Rutaboba is a new licensee and very willing to make changes and become more familiar with the licensing rules and regulations. Ms. Rutaboba stated she will submit a corrective action plan and make the necessary changes as soon as possible.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended (capacity 6).



05/01/2025

Elizabeth Elliott
Licensing Consultant

Date