



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 16, 2025

Liz Kimberly Vidana  
Prime Residential Care LLC  
496 E Lovell Dr  
Troy, MI 48085

RE: License #: AS630403736  
**Prime Residential Care**  
**496 E Lovell Dr**  
**Troy, MI 48085**

Dear Ms. Vidana:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 "Johnna Cade". The signature is written in black ink and is positioned below the word "Sincerely,".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(248) 302-2409

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630403736
<b>Licensee Name:</b>	Prime Residential Care LLC
<b>Licensee Address:</b>	496 E Lovell Dr Troy, MI 48085
<b>Licensee Telephone #:</b>	(248) 797-4536
<b>Licensee Designee:</b>	Liz Kimberly Vidana
<b>Administrator:</b>	Liz Kimberly Vidana
<b>Name of Facility:</b>	Prime Residential Care
<b>Facility Address:</b>	496 E Lovell Dr Troy, MI 48085
<b>Facility Telephone #:</b>	(248) 797-4536
<b>Original Issuance Date:</b>	10/26/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/14/2025

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	0
No. of others interviewed	0
Role:	N/A

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
The facility had no residents at the time of the inspection. There were no medications onsite to observe.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.  
Historical medication records reviewed.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain. Historical funds documentation reviewed. The facility did not have residents at the time of the inspection.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
There are no residents living in this facility.
- 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 completed on 04/14/2025, there was no Workforce Background Check letter on file for direct care staff Josefina Francis.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 04/18/23; CAP dated 05/12/23**

<b>R 400.14103</b>	<b>Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.</b>
	(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.

During the onsite inspection completed on 04/14/2025, I was advised that direct care staff Josefina Francis lives onsite. Licensee designee, Liz Vidana did not notify the department of this change in household and/or submit an AFC 100 for Ms. Francis.

<b>R 400.14203</b>	<b>Licensee and administrator training requirements.</b>
	(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.

During the onsite inspection completed on 04/14/2025, there was no proof onsite and available for review that licensee designee, Liz Vidana completed 16 hours of annual training in 2024 and/or 2025.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 04/18/23; CAP dated 05/12/23**

<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>
	(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.
--	---

Direct care staff Josefina Francis was hired on 04/01/2023, her employee file did not include a physical completed within 30 days of hire.

<b>R 400.14205</b>	<b>Resident health care.</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>
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

During the onsite inspection completed on 04/14/2025, there was no proof onsite and available for review that licensee designee, Liz Vidana completed a tuberculosis (TB) test within the last 3 years.

<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>
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Direct care staff Josefina Francis was hired on 04/01/2023, her employee file did not include the results of a tuberculosis (TB) test completed within the last 3 years. Her file includes an Encounter Form which indicates that she was seen by a medical professional on 07/01/2023, for a TB read however, the results of the test are not noted.

<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.

Direct care staff Josefina Francis was hired on 04/01/2023, her employee file did not include verification of an annual health review for 2024 or 2025.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 04/18/23; CAP dated 05/12/23**

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the onsite inspection completed on 04/14/2025, I observed the following:

- Resident A was admitted into the facility on 06/15/2024, there was no health care appraisal completed for Resident A upon admission.
- Resident B was admitted into the facility on 06/06/2024, there was no health care appraisal completed for Resident B upon admission.

**REPEAT VIOLATION ESTABLISHED**

**Reference Special Investigation Report # 2023A0993002; CAP dated 02/09/23**

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan;</b>
--------------------	---



	<b>emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

During the onsite inspection completed on 04/14/2025, I observed the following:

- Resident A's Assessment Plan was missing pages. Page # 4, the signature page, was not onsite and available for review. Therefore, the assessment plan was not signed by the resident, the resident's designated representative, and/or licensee designee, Liz Vidana.
- Resident B had two Assessment Plans onsite and available for review. One of the forms was incomplete/not filled out. The incomplete form was signed and dated by Resident B's guardian (licensee designee, Liz Vidana did not sign this form.) The second copy of the assessment plan was completed however, it was not signed by Resident B's guardian or licensee designee, Liz Vidana.

#### **REPEAT VIOLATION ESTABLISHED**

**Reference Special Investigation Report # 2023A0993002; CAP dated 02/09/23**

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<p>(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:</p> <p>(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.</p> <p>(b) A description of services to be provided and the fee for the service.</p> <p>(c) A description of additional costs in addition to the basic fee that is charged.</p> <p>(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.</p>

	<p>(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.</p> <p>(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.</p> <p>(g) An agreement by the resident to follow the house rules that are provided to him or her.</p> <p>(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.</p> <p>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</p> <p>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</p> <p>(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.</p> <p>(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.</p>
--	--

During the onsite inspection completed on 04/14/2025, I observed the following:

- Resident A did not complete a Resident Care Agreement upon admission.
- Resident B's Resident Care Agreement was incomplete/ blank containing no information. The blank form was signed by Resident Bs's guardian however, it was not signed by licensee designee, Liz Vidana.

<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the onsite inspection completed on 04/14/2025, direct care staff Susana Cox stated that both Resident A and Resident B used wheelchairs to ambulate. Ms. Cox stated she did not obtain a prescription for either of the resident's wheelchairs.

<b>R 400.14311</b>	<b>Incident notification, incident records.</b>
	(3) An incident must be recorded on a department-approved form and kept in the home for a period of not less than 2 years.

---

During the onsite inspection completed on 04/14/2025, I observed two Incident Reports (IR's) in Resident B's file. The IR's were incomplete/missing vital including, but not limited to the date and time of the incident, a name of the person completing the form, persons notified of the incident, the facilities contact information and/or the residents contact information. Resident B died on 03/03/25, the IR written does not specify that he died.

<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>(ii) The dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> </ul>

During the onsite inspection completed on 04/14/2025, I observed that Resident A's Medication Administration Records for June 2024, July 2024, September 2024, October 2024, November 2024, and December 2024, are missing/do not contain a variety of information including, but not limited to, the medication dosage, label instructions for use, and/or the time to be administered.

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	<p>(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</p>

During the onsite inspection completed on 04/14/2025, I observed the following:

- Resident A's Funds & Valuables Part I form is incomplete/ missing information, and it is not signed by licensee designee, Liz Vidana.
  - Resident B's Funds & Valuables Part I form is incomplete/ missing information, and it is not signed by licensee designee, Liz Vidana.
  - Resident A was admitted into the facility on 06/15/2024 and discharged on 12/15/2024. Resident A's Resident Funds Part II form is incomplete/ missing information. The form only includes a cost of care payment for June 2024. Direct care staff Susana Cox stated Resident A paid the monthly cost of care for each month she lived in the home; however, it was not documented.
-

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(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.

During the onsite inspection completed on 04/14/2025, I observed that there was no evacuation drill completed during sleeping hours in the third quarter of 2024 (July, August, September) and the fourth quarter of 2024 (October, November, December).

Direct care staff Susana Cox stated that during fire drills the residents were not evacuated and taken outside of the home.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



04/15/2025

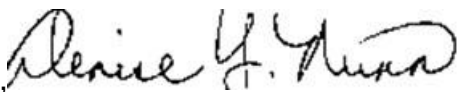
---

Johnna Cade  
Licensing Consultant

---

Date

Approved By:



05/16/2025

---

Denise Y. Nunn  
Area Manager

---

Date