



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 11, 2017

Zouhair Younes  
Younes AFC Home Inc.  
8906 Thayer  
Dearborn, MI 48126

RE: License #: AS820238660  
Investigation #: **2017A0772018**  
**Younes AFC Home II**

Dear Mr. Younes:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party 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.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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 cursive script that reads "Karen Davis".

Karen Davis, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste. 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 296-5412

enclosure

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

**I. IDENTIFYING INFORMATION**

|                                       |                                    |
|---------------------------------------|------------------------------------|
| <b>License #:</b>                     | AS820238660                        |
| <b>Investigation #:</b>               | 2017A0772018                       |
| <b>Complaint Receipt Date:</b>        | 04/25/2017                         |
| <b>Investigation Initiation Date:</b> | 04/26/2017                         |
| <b>Report Due Date:</b>               | 06/24/2017                         |
| <b>Licensee Name:</b>                 | Younes AFC Home Inc.               |
| <b>Licensee Address:</b>              | 8906 Thayer<br>Dearborn, MI 48126  |
| <b>Licensee Telephone #:</b>          | (313) 574-0504                     |
| <b>Administrator:</b>                 | Zouhair Younes                     |
| <b>Licensee Designee:</b>             | Zouhair Younes                     |
| <b>Name of Facility:</b>              | Younes AFC Home II                 |
| <b>Facility Address:</b>              | 18926 Inkster<br>Redford, MI 48240 |
| <b>Facility Telephone #:</b>          | (313) 362-7996                     |
| <b>Original Issuance Date:</b>        | 04/23/2002                         |
| <b>License Status:</b>                | REGULAR                            |
| <b>Effective Date:</b>                | 08/15/2015                         |
| <b>Expiration Date:</b>               | 08/14/2017                         |
| <b>Capacity:</b>                      | 6                                  |
| <b>Program Type:</b>                  | MENTALLY ILL<br>AGED               |

## II. ALLEGATION(S)

|  | <b>Violation<br/>Established?</b> |
|--|-----------------------------------|
| On 04/25/2017, the Redford Twp. Police department were called to the facility. Staff Michael Morton was the only one working and he was found extremely intoxicated with a blood alcohol level of .148. Resident A was found unresponsive sitting in the stairwell leading to the basement. It is estimated she had been there for around 2 hours. | Yes                               |
| Additional Findings  | Yes                               |

## III. METHODOLOGY

|            |   |
|------------|---|
| 04/25/2017 | Special Investigation Intake<br>2017A0772018  |
| 04/26/2017 | Special Investigation Initiated - Telephone<br>Contacted Officer J. Benci at Redford Twp. Police department.<br>Left message.   |
| 04/27/2017 | Inspection Completed On-site  |
| 04/27/2017 | Contact - Telephone call made<br>Call to Detective Crittenden about the Resident A's case records, medication log, medication sheet, and cell phone.  |
| 05/04/2017 | Contact - Face to Face<br>Return visit to the home to review the employee records of Michael Morton and the licensee records of Zouhair Younes. It is noted that Redford Police made an APS referral as well. |
| 05/05/2017 | APS Referral<br>Call to APS made a referral. Call to Office of Recipient Rights (ORR) -Resident A is not residing in a special certification home and therefore ORR does not have any jurisdiction.           |
| 05/30/2017 | Contact - Telephone call made<br>Call to Sgt. Crittenden to review the facility files of Resident A.  |
| 06/02/2017 | Contact - Face to Face<br>Redford Twp. Police Dept. to review Resident A's facility file that is in police custody.   |
| 06/29/2017 | Contact – Document received from Wayne County Medical   |

|            |  |
|------------|--|
|            | Examiner's office.                                 |
| 07/05/2017 | Exit Conference - licensee designee Zouhair Younes |

**ALLEGATION:**

**On 04/25/2017, the Redford Twp. Police department where called to the facility. Staff Michael Morton was the only one working and he was found extremely intoxicated with a blood alcohol level of .148. Resident A was found unresponsive sitting in the stairwell leading to the basement. It is estimated she had been there for around 2 hours.**

**INVESTIGATION:**

On 04/27/2017, I conducted an unannounced on-site investigation. I reviewed the resident register and incident reports. I interviewed staff Michael Morton. Staff Morton stated that he is the live-in staff at the home. He stated that he did drink two beers the night before on 04/24/2017, when it was his down time. He stated his down time is when all the residents have gone to bed. This is when he is allowed to sleep. Staff Morton denied drinking while the residents are awake, only during his down time. He stated that he was the only staff on duty on 04/25/2017, when resident A was found unresponsive. Staff Morton stated that Resident B came to his room to inform him (staff Morton) that Resident A was at the bottom of the basement stairs and she appeared to have fallen. Staff Morton stated he went to the basement and started CPR and called 911 because she was unresponsive. I was unable to review Resident A's facility file because it was confiscated by the Redford Township Police department. The incident report that was written by staff Morton states at 7:43 a.m., Resident B came to his bedroom and informed him that she thought Resident A had fallen. I interviewed licensee designee Zouhair Younes. Mr. Younces stated that the family was notified and the Redford Police had Resident A's medication, medication log, and facility file. Mr. Younes was made aware by the police that staff Morton's blood alcohol level was .148 percent, which is over the state of Michigan driving limit of 0.08 percent. Mr. Younes stated the residents residing at the home, were allowed to smoke in the basement of the facility. He stated this is where staff Morton found Resident A at the landing leading to the basement. Mr. Younes denied ever knowing staff Morton drank on the job.

On 4/27/2017, I interviewed Residents B- F and all denied observing staff Morton smelling of alcohol while on duty. Resident B stated that she found Resident A sitting on the landing but she did not hear anything prior to that. Resident B stated she went to staff Morton's room and told him that she thought Resident A had fallen, she could not give the exact time. Residents C-F stated that they did not hear anything prior to Redford police and Emergency Medical Services (EMS) coming to the facility.

On 04/27/2017, I called Detective Crittenden of the Redford Township Police department. Detective Crittenden stated that staff smelled of alcohol. The police did not arrest staff Morton but made Mr. Younes aware that a breathalyzer test was performed on staff Morton. The results from the breathalyzer test indicated a blood alcohol level of .148, which is over the state of Michigan driving limit of 0.08 percent. Detective Crittenden stated that a toxicology testing was requested on Resident A and it would take a month for the medical examiner's report to be completed. The detective stated that staff Morton was the only one on duty and Resident A's body was on the landing for about 2 hours. He stated it appears there was no trauma or foul play involved. Staff Morton was not arrested.

On 05/04/2017, I reviewed the employee file for staff Morton and the policy and terms for employment states that staff will not use alcohol or drugs while on duty. I observed a form which was signed and dated for 2012 by staff Morton.

On 05/04/2017, consultation was provided to Mr. Younes regarding residents being allowed to smoke in the facility. I explained due to safety issues that residents should not smoke in the facility basement. I observed cigarette lighters, matches, chairs, and ashtrays in the basement of the facility. I provided Mr. Younes a copy of the memo dated 04/30/2010 from the Division director of Bureau of Children and Adult Licensing (BCAL); which he dated and signed as receiving on 05/04/2017. This memo explained House Bill 4377 which amended the Public Health Code, concerning smoking in Adult Foster Care facilities. Mr. Younes stated he understood and will no longer allow the residents of the facility to smoke in the basement or the facility.

On 06/02/2017, I went to the Redford Twp. Police department to review Resident A's facility file (medication, medication log, required forms). The file was complete and no violations were found.

On 06/29/2017, I received the Wayne County Medical Examiner "Post Mortem report" which states the cause of death was a heart attack and no traumatic injuries were noted. The postmortem examination findings noted, "The manner of death is natural."

On 07/05/2017, I conducted an exit conference with Mr. Younes and we went over my findings and recommendation. Mr. Younes acknowledged that staff are not to be drinking while on duty, even if they are live-in staff. We discussed smoking in the facility and Mr. Younes stated that residents will no longer smoke in the facility.

| <b>APPLICABLE RULE</b> |  |
|------------------------|--|
| <b>R 400.14204</b>     | <b>Direct care staff; qualifications and training.</b>   |
|                        | (2) Direct care staff shall possess all of the following qualifications:<br>(a) Be suitable to meet the physical, emotional, intellectual, |

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|                    | and social needs of each resident.   |
| <b>ANALYSIS:</b>   | On 04/25/2017, staff Morton blew a blood alcohol level of .148 percent. This is over the legal limit to drive in Michigan which is 0.08 percent. Staff Morton was not arrested but he was clearly intoxicated while on duty, based on the breathalyzer test performed by the Redford Twp. Police department. Also Resident A's body was found by Resident A and not by staff. The police stated Resident A's body had been on the landing for an estimated 2 hours prior to being found. Staff Morton was not suitable to meet the physical, emotional, intellectual, and social needs of each resident on 04/25/2017. |
| <b>CONCLUSION:</b> | VIOLATION ESTABLISHED  |

| <b>APPLICABLE RULE</b> |  |
|------------------------|--|
| <b>R 400.14206</b>     | <b>Staffing requirements.</b>  |
|                        | <b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</b>  |
| <b>ANALYSIS:</b>       | On 04/25/2017, staff Morton was the only staff on duty. Staff Morton blew a blood alcohol level of .148 percent. This is over the legal limit to drive in Michigan which is 0.08 percent. Staff Morton was not arrested but he was clearly intoxicated while on duty, based on the breathalyzer test performed by the Redford Twp. Police department. Also Resident A's body was found by Resident B and not by staff Morton. Resident B informed staff Morton, according to the incident report and staff Morton's statement. On 04/25/2017, staff Morton was found to be intoxicated, and he was the only staff on duty. Therefore, there was not sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents. |
| <b>CONCLUSION:</b>     | VIOLATION ESTABLISHED  |

**ADDITIONAL FINDINGS:**

**INVESTIGATION:** On 05/04/2017, I reviewed the employee records for staff Morton. The employee records did not have his updated TB test or annual health statement.

| <b>APPLICABLE RULE</b> |   |
|------------------------|---|
| <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>   |
|                        | <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.</b> |
| <b>ANALYSIS:</b>       | On 05/04/2017, I reviewed the employee records for staff Morton. The employee records did not have his updated TB test results.   |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>  |

| <b>APPLICABLE RULE</b> |  |
|------------------------|--|
| <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>  |
|                        | <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.</b> |



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|--------------------|---|
| <b>ANALYSIS:</b>   | On 05/04/2017, I reviewed the employee records for staff Morton. The employee records did not have his annual verification of staff Morton's health status. |
| <b>CONCLUSION:</b> | VIOLATION ESTABLISHED   |

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.

*Karen Davis* 07/10/2017

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Karen Davis Date  
Licensing Consultant

Approved By:

*A. Hunter* 07/11/2017

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Ardra Hunter Date  
Area Manager