STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

RICK SNYDER
GOVERNOR

SHELLY EDGERTON
DIRECTOR

July 11, 2017

Uchenna Ndubuisi
Agape Care Inc.
PO Box 532
Garden City, MI 48136

RE: License #: AS820286278
Investigation #: **2017A0772020**
Agape Care

Dear Mr. Ndubuisi:

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.

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,

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

License#:	AS820286278
Investigation #:	2017A0772020
Complaint Receipt Date:	05/05/2017
Investigation Initiation Date:	05/05/2017
Report Due Date:	06/04/2017
Licensee Name:	Agape Care Inc.
Licensee Address:	P.O. Box 532 Garden City, MI 48136
Licensee Telephone #:	(313) 522-9295
Administrator:	Uchenna Ndubuisi
Licensee Designee:	Uchenna Ndubuisi
Name of Facility:	Agape Care
Facility Address:	4180 Harriet Inkster, MI 48141
Facility Telephone #:	(734) 578-7084
Original Issuance Date:	05/03/2007
License Status:	REGULAR
Effective Date:	08/01/2016
Expiration Date:	07/31/2018
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Insufficient number of staff to meet residents' needs on 04/30/2017.	Yes
Additional Findings	Yes

III. METHODOLOGY

05/05/2017	Special Investigation Intake 2017A0772020
05/05/2017	Special Investigation Initiated - Letter
05/11/2017	Inspection Completed On-site I interviewed Resident A - B and staff Nnenna Ozoalor and Thomas Olalnkwantobigy, reviewed facility file.
05/11/2017	Contact - Telephone call made to the manager Keenya Harper. Return call from Ms. Harper. Contact - Telephone call to licensee designee Uchenna Ndubuisi – no return call.
06/27/2017	Contact - Telephone call made To the manager Keenya Harper.
06/28/2017	Exit Conference call to Uchenna Ndubuisi. Contact - Telephone call Keenya Foster, designated responsible person.
07/11/2017	APS referral made

ALLEGATION: Insufficient number of staff to meet residents' needs on 04/30/2017.

INVESTIGATION: On 05/05/2017, I reviewed the incident report dated 04/30/2017 and opened a special investigation. Per the incident report from the facility - Resident A, hit two residents in the head and then cut one resident with a razor blade on the day shift. The police were called and Resident D was taken to the hospital.

On 05/05/2017, I completed an on-site investigation. I interviewed Resident A - C and staff Nnenna Ozoalor and Thomas Olalnkwantobigy, and reviewed facility files. The other residents were at program and were not interviewed. Resident A was agitated at the time and stated he wanted to stay in the facility. Resident A abruptly ended our conversation and walked out of the house. Resident B stated he did not like living in the home because of the violent behavior of Resident A. Resident B -C stated the staff and the residents are afraid of Resident A. I reviewed the incident reports for the home in regards to Resident A. I observed only one staff in the home and the staff

appeared fearful and did not want to come out of the office. I did observe the staff making a snack in the kitchen for Resident A, then the staff quickly joined me in the staff office after making the snack.

Staff Ozoalor stated that on the day shift there is one staff on duty. If needed a staff will come in to transport residents to appointments. Also Resident A is refusing to take his oral medications. This was noted on the medication log and incident reports. Resident A had to be hospitalized due to his behavior in March 2017. I requested the staff schedule and staff Ozoalor could not produce the staff schedule. Later staff Olalnkwantobigy returned and he could not produce the staff schedule per my request. Both staff Ozoalor and Olalnkwantobigy stated one staff is assigned on the day shift, afternoon shift has two staff working from 4:00 p.m. – 8:00 p.m., and one staff works from 8:00 p.m. to the morning. I reviewed the facility incident reports for the following dates:

INCIDENT REPORTS:

- On 04/30/2017 – Resident A hit two residents and cut one resident in the face with a shaving razor, Resident B had to be rushed to the hospital.
- On 03/25/2017 – Resident A attacked another Resident over cigarettes. Resident B had to go to the hospital because his nose was bleeding profusely.
- On 03/20/2017 and 03/21/2017 – Resident A was observed smoking in his bedroom.
- On 02/24/2017 was abusive to staff and spitting on staff, refusing medication and had to be hospitalized.

All the reports note that Resident A is assaulting his peers or staff and is unmanageable. There is not enough staff to supervise Resident A and provide for the safety and protection of the other residents in the facility.

On 05/11/ 2017 and 06/27/2017, I interviewed home manager, Keenya Harper she stated that Resident A is refusing his medication. Resident A will only take his monthly shot if he is in the hospital. We discussed the need for more staff and if this continues that Resident A may need to be discharged from the facility for protection and safety for himself and the other residents. Ms. Harper called me and stated that licensee designee Uchenna Ndubuisi, gave Resident A a 30 day discharge notice. On 06/27/2017, I was informed that Resident A moved on 06/09/2017. I made a telephone call to Mr. Ndubuisi, he is out of the country.

On 06/28/2017, I completed an exit conference with Keenya Foster, designated responsible person for Mr. Ndubuisi. I went over my investigations and findings. She stated she understood them and would inform Mr. Ndubuisi upon his return.

APPLICABLE RULE	
R 400.14206	**Staffing requirements.**
	(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.
ANALYSIS:	On 04/30/2017, there was only one staff on duty, during the day shift when Resident A cut one resident with razor and hit two residents in the head. Only one staff was on duty and was unable to provide supervision and protection of residents at the facility.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14305	**Resident protection.**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Based on the interviews of Resident B and C, and staff there was only one staff on duty. The residents and staff were afraid of Resident A. On 04/30/2017, the one staff was on duty, unable to assure protection and safety for the residents residing in the facility.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

During the on-site investigation on 05/11/2017, I requested the staff schedule and staff Ozoalor could not produce the staff schedule. Later staff Olalnkwantobigy returned and he could not produce the staff schedule per my request.

APPLICABLE RULE	
R 400.14208	**Direct care staff and employee records.**
	(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information: (a) Names of all staff on duty and those volunteers who are under the direction of the licensee. (b) Job titles. (c) Hours or shifts worked. (d) Date of schedule. (e) Any scheduling changes.
ANALYSIS:	On 05/11/2017, I requested to review the staff schedule. The staff on duty could not produce the daily work assignment for the Agape Care facility.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend that the status of the license remains unchanged.

Karen Davis 06/29/2017

Karen Davis Date
Licensing Consultant

Approved By:

A. Hunter 07/11/2017

Ardra Hunter Date
Area Manager