



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 16, 2019

Akisha Clark
15381 Littlefield
Detroit, MI 48221

RE: License #: AF820395861
Umoja
15381 Littlefield
Detroit, MI 48221

Dear Ms. Clark:

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 "Denasha Walker".

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 #:	AF820395861
Licensee Name:	Akisha Clark
Licensee Address:	15381 Littlefield Detroit, MI 48221
Licensee Telephone #:	(248) 796-2587
Licensee/Licensee Designee:	N/A
Administrator:	
Name of Facility:	Umoja
Facility Address:	15381 Littlefield Detroit, MI 48221
Facility Telephone #:	(248) 796-2587
Original Issuance Date:	04/01/2019
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/12/2019

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 2
No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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 400.1416 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection Resident B's weights were not recorded monthly.

R 400.1418 Resident medications.

(1) Prescription medication, including tranquilizers, sedatives, dietary supplements, or individual special medical procedures, shall be given or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy container which shall be labeled for the specific resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being (33.1101 et. seq. of the Michigan Compiled Laws.

At the time of inspection, the following medications was in Resident B's medication bin but did not have a labeled for the specific resident:

- Melatonin 10mg
- Docusate 250mg
- Loperamide HCl Tablets 2mg

R 400.1418 Resident medications.

(2) Medication shall be given pursuant to label instructions.

At the time of inspection Resident B's Gabapentin 400mg (1 capsule) by mouth 3 times daily for nerve pain was not administered on 8/13/2019, 8/14/2019, 8/15/2019 and 8/16/2019 according to the medication administration records.

R 400.1418 Resident medications.

(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:

(a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

At the time of inspection, Residents A and B medication administration records were not maintained on file in the home.

R 400.1418 Resident medications.

(5) Prescription medication shall be kept in the original pharmacy-supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.

At the time of inspection, the following medications were in Resident B's bedroom and not safeguarded:

- Nystatin 100,000u/gm powder, apply to the affected area topically after brief changes for rash/itching.
- Eye Drops instill 1 to 2 drops into both eyes 4 times a day as needed for eye irritation.
- Vitamin A & D Ointment apply topically to affected area daily with brief changes and as needed for skin.

R 400.1421 Handling of resident funds and valuables.

(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.

At the time of inspection, Resident B's resident funds and valuables part II was not completed.

R 400.1439 Means of egress; wheelchairs.

(1) Family homes accommodating residents who regularly require wheelchairs shall minimally be equipped with 1 ramp located at a primary means of egress from the first floors.

At the time of inspection, Resident B was admitted into the home and he regularly require a wheelchair, the home is not wheelchair accessible.

IV. RECOMMENDATION

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

A handwritten signature in black ink, appearing to be 'R. W. W.', written in a cursive style.

9/16/2019

Date

Licensing Consultant