



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 19, 2019

Josephine Uwazurike
ADA Homes, Inc.
P O Box 502
Southfield, MI 48037

RE: License #: AS820379138
Westland III
4761 Westland
Dearborn, MI 48126

Dear Ms. Uwazurike:

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.

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 (313) 456-0380.

Sincerely,



K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820379138

Licensee Name: ADA Homes, Inc.

Licensee Address: #200
23999 Northwestern Hwy.
Southfield, MI 48075

Licensee Telephone #: (248) 569-1040

Licensee/Licensee Designee: Josephine Uwazurike, Designee

Administrator: Josephine Uwazurike

Name of Facility: Westland III

Facility Address: 4761 Westland
Dearborn, MI 48126

Facility Telephone #: (313) 429-9499

Original Issuance Date: 11/21/2016

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/25/2019

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 04

No. of others interviewed 01 Role: Debbie Tucker, Program Manager

- 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.
Worksheet Review
- 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:
CAP 5/22/2017; Rules: 208(1)(f), 310(3), 315(13), 315(6), and 403(6) 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 330.1803 Facility environment; fire safety.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

Resident C has been in the home since 11/22/16; however, he was not included in the 2017 E-score assessment. The 2017 E-score only included Resident A and D. Therefore, the licensee failed to evaluate Resident C's capability to evacuate the facility in the year 2017.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(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 worker, Regina Paul's date of hire is 3/5/12 per Program Manager, Debbie Tucker. Reportedly, Regina began working at the Westland III home on or around 4/27/18. Upon review of Regina's employee record, I determined her last TB test results are dated 2/24/12. Regina was on duty on the day of inspection. Regina confirmed she has not been tested for TB since 2012. Therefore, the licensee failed to assure all direct care workers receive current TB testing.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(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.

The licensee failed to annually review the health status of her employees. Specifically, direct care workers Regina Paul, Ngwanue Asambang, and Nafisat Adeyemi do not have annual health review statements in their files. Regina is missing a statement from 2018. Ngwanue is missing statements from 2018 and 2019. Nafisat is missing statements from 2018 and 2019.

R 400.14207 Required personnel policies.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

Observed Ngwanue's verification of written policies and procedures form was never signed to verify receipt (the form was in his folder with a blank signature line).

R 400.14207 Required personnel policies.

(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individuals personnel record.

Regina's file contained an old signed job description from her previous position as Home Manager at an unlicensed facility. Per Debbie Tucker, there was an oversight in having Regina sign a new job description when she was demoted to direct care worker at Westland III.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

Observed Regina and Nafisat do not have valid driver's license on file at the facility. The copy in Regina's employee record expired on 6/10/19 and the copy in Nafisat's file expired on 5/15/19.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(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.

Resident A did not have an assessment plan completed for 2018. I requested to review the 2018 plan, on the day of inspection and no one could locate it. Regina and Debbie confirmed the document was not available.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(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:

(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.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(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.

(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.

(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.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(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.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(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.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

The licensee failed to complete a Resident Care Agreement with Resident B and his guardian when he entered the home in 2018. The only RCA he has in his file is dated 5/19/19. The Staff could not produce the document upon request on the day of inspection.

R 400.14310

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.

Observed Resident A had 2 separate weight charts. Home Manager, Bukola Akinruli explained the scale at the facility is inaccurate. She said upon making this discovery, the resident was taken to CLS to be weighed last week. There is a huge disparity in the numbers recorded. The scale at the facility has Resident A's last weight recorded at 156.8 lbs. The scale at CLS has his weight recorded as 193.2. Bukola indicated she plans to purchase a newer, more accurate scale for the home.

This is a **REPEAT VIOLATION**; See Renewal Licensing Study Report dated 5/22/17; Ms. Uwazurike submitted an acceptable corrective action plan on 6/8/17, however, the licensee has failed to implement the plan within the established time frames.

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 {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

While observing Regina pass midday medication to Resident B, I observed loose medication on the counter that had not been accounted for. After further investigation, Regina determined the loose pill belonged to Resident B and that it had been accidentally released from the original pharmacy supplied container. This medication was scheduled to be administered the next day on 6/26/19. Staff discarded the loose medication during the onsite inspection due the medication error.

R 400.14313 Resident nutrition.

(5) Records of menus, including special diets, as served shall be provided upon request by the department.

I asked to review a record of menus dating back to May 2019. The home manager was unable to produce May menus. Bukola indicated menus are not dated. She said they rotate menus weekly. Therefore, the licensee failed to assure a record of menus, including special diets as served was provided to the department when requested on 6/25/19.

R 400.14315 Handling of resident funds and valuables.

(13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.

A record of payments made to the home was not made available for department review when requested on 6/25/19. Debbie Tucker said the Funds II records with cost of care payments were at the main office. I also requested to see receipts for cash transactions made against resident accounts, but Debbie explained the home does not maintain copies of the receipts. Per Debbie all receipts are sent to the main office monthly.

This is a **REPEAT VIOLATION**; See Renewal Licensing Study Report dated 5/22/17; Ms. Uwazurike submitted an acceptable corrective action plan on 6/8/17, however, the licensee has failed to implement the plan within the established time frames.

R 400.14315 Handling of resident funds and valuables.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

Observed the licensee has *consistently* maintained more than \$200 cash on hand for Resident A. On the day of inspection, I counted \$201.68 in personal funds for Resident A.

This is a **REPEAT VIOLATION**; See Renewal Licensing Study Report dated 5/22/17; Ms. Uwazurike submitted an acceptable corrective action plan on 6/8/17, however, the licensee has failed to implement the plan within the established time frames.

R 400.14315 Handling of resident funds and valuables.

(7) A resident shall have access to and use of personal funds that belong to him or her in reasonable amounts, including immediate access to not less than \$20.00 of his or her personal funds. A resident shall receive up to his or her full amount of

personal funds at a time designated by the resident, but not more than 5 days after the request for the funds. Exceptions to this requirement shall be subject to the provisions of the resident's assessment plan and the plan of services.

Resident B had no cash on hand available because reportedly his allowance money has been waiting for pick up at the main office since the beginning of June.

Note: Resident B can reasonably manage funds. He can spend money and keep it on his person.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(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.

Upon review of the fire drill log, I determined the licensee failed to practice drills during daytime and evening hours at least once per quarter. Day drills were not completed during the 1st and 2nd quarters in 2018. Evening drills were not completed during the 3rd quarter of 2018 or 2nd quarter of 2019.

I asked Debbie Tucker if a record of the missing drills were being held somewhere else and she said “no.” Therefore, it is reasonable to conclude these drills were never conducted.

R 400.14402 Food service.

(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.

Observed waffles being stored inside the refrigerator with labels instruction to “KEEP FROZEN.”

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

Observed multiple home furnishings in disrepair, including 3 torn and worn out couches and a broken dresser in Bedroom #2. Photos available.

R 400.14408

Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

Observed the bedroom door in Room #2 does not close to form a positive latch. There was a piece of blue cardboard stuffed inside the door latch preventing it from closing properly. Once the paper was removed, the door could not open when shut. I was locked inside the room with the home manager, Resident B, and another manager from the main office. We stayed trapped inside the room until Bukola was able to force it open with a strong tug.

IV. RECOMMENDATION

On 7/1/19, I conducted an exit conference with the licensee. Ms. Uwazurike said she no longer has a contract with CLS and believes this will afford her the opportunity to makes some “drastic changes” at the facility. The licensee would like to request that LARA give her the opportunity to correct the violations and improve the home. Ms. Uwazurike did not dispute these findings. She indicated Debbie Tucker had shared the findings with her immediately following the inspection.

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



07/01/19

Kara Robinson
Licensing Consultant

Date



07/19/19

Ardra Hunter
Area Manager

Date

