



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 26, 2020

Okechuku Wachuku  
Midwest AFC Homes Inc.  
21880 Farmington Road  
Farmington, MI 48336

RE: License #: AS820382166  
**Abbot Manor**  
**19385 Woodworth Street**  
**Redford, MI 48239**

Dear Mr. Wachuku:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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 blue ink that reads 'K. Robinson'.

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 #:** AS820382166

**Licensee Name:** Midwest AFC Homes Inc.

**Licensee Address:** 21880 Farmington Road  
Farmington, MI 48336

**Licensee Telephone #:** (734) 365-4707

**Licensee/Licensee Designee:** Okechuku Wachuku, Designee

**Administrator:** Okechuku Wachuku

**Name of Facility:** Abbot Manor

**Facility Address:** 19385 Woodworth Street  
Redford, MI 48239

**Facility Telephone #:** (313) 543-3021

**Original Issuance Date:** 08/08/2017

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/11/2020

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 01

No. of residents interviewed and/or observed 02

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Worksheet review
- 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 2/21/18: 204(3)(b), 204(3)(d), 207(2), and 403(1) 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.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or 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 the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

No documentation provided for annual E-score completed in 2018.

The licensee provided me with copies of E-scores completed on the following dates: 12/30/17, 1/24/19, and 6/28/19. There was no score available for 2018.

**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.**

Direct care worker, Dejoniah Mitchell was hired on 12/10/17; she completed annual health review statements on 1/22/19 and 1/20/20. None completed in 2018.

Direct care worker, Lacrechia Jones was hired on 6/22/17; she completed an annual health review statement on 1/9/20. None completed in 2018 or 2019.

Therefore, the licensee failed to annually review the health status of direct care staff for 2 years.

**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.

2 of 2 employee records do not contain verification of receipt of personnel policies and procedures.

This is a **REPEAT VIOLATION**; See Renewal Licensing Study Report dated 3/2/18. The Licensee submitted an approved plan outlining steps taken to remedy the issue, but Mr. Wachuku has failed to implement said plan within the established time frame.

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

(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.

The licensee used an alternate form to document Resident A's health on 8/2/19. Prior authorization to use a substitute form has not been granted or requested.

**R 400.14312 Resident medications.**

(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:

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

On 8/7/19, the instructions for use for Resident B's Metformin 500mg was changed from take once daily to twice daily. The original script was never discontinued on the medication log. Instead, the Staff wrote over the old instructions changing the word Once to Twice, thereby leaving the dates 8/1/19 through 8/6/19 blank.

**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 frozen meat packages (meatballs and pork chops per LD) not properly stored. The packaging was torn. The meat was exposed to the cold causing it to get freezer burn. I informed the licensee this meat was no longer good for human consumption.

A corrective action plan was requested and approved on 02/11/2020. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

*K. Robinson*

02/26/20

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Kara Robinson  
Licensing Consultant

Date