



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 8, 2021

Andrew Akunne
Carnegie AFC Inc
Suite 1
3879 Packard Street
Ann Arbor, MI 48108

RE: License #: AM630279362
Victory Lane
600-610 Wanda
Ferndale, MI 48220

Dear Mr. Akunne:

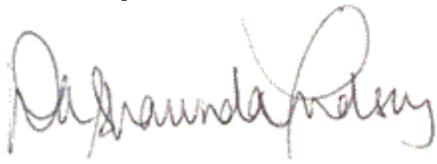
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AM630279362

Licensee Name: Carnegie AFC Inc

Licensee Address: Suite 1
3879 Packard Street
Ann Arbor, MI 48108

Licensee Telephone #: (734) 973-7764

Licensee/Licensee Designee: Andrew Akunne

Administrator: Andrew Akunne

Name of Facility: Victory Lane

Facility Address: 600-610 Wanda
Ferndale, MI 48220

Facility Telephone #: (248) 398-1032

Original Issuance Date: 09/15/2006

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/25/2021

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 1

No. of residents interviewed and/or observed 9

No. of others interviewed 1 Role: home 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.
The inspection did not occur during a meal time.
- 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:
SI 03/23/2020- as315(10), as209(1)(d), as301(4), and as312(3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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| This facility was found to be in non-compliance with the following rules: | |
| MCL 400.734b | Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions. |
| | (2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment. |

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| <p>A background check was conducted for staff Chiedo Mbakwem under adult foster care facility Henry Ruff Home (AS820091635). A background check was conducted for staff Emmanuel Takwi and April Kyle under adult foster care facility Glenwood Home (AS820068803). The licensee of these facilities is Joak American Homes, Inc. These staff shall be fingerprinted under Freedom Haven (AL630279364).</p> | |
| R 330.1803 | Facility environment; fire safety. |
| | <p>(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:</p> <p>(a) Improve the score to at least the "slow" category.</p> <p>(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.</p> |
| <p>Per the resident register, there were admissions on the following dates: 02/18/2019, 03/11/2019, 03/18/2019, 05/23/2019, 08/13/2019, 08/17/2019, 08/27/2019, 10/23/2019, 12/12/2019, 12/23/2019, 01/28/2020, 02/17/2020, 07/24/2020, 08/18/2020, 09/01/2020, 10/16/2020, 11/05/2020, and 11/06/2020. Escores were conducted on the following dates: 01/05/2020, 02/20/2020, 08/18/2020, 10/19/2020, 11/19/2020, and 01/13/2021. A new set of Escores was not conducted within 30 days of each admission.</p> | |

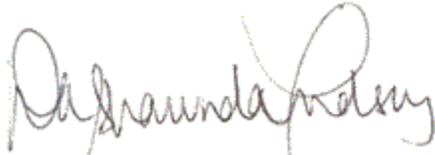
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| R 400.14203 | Licensee and administrator training requirements. |
| | <p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p> |
| <p>There was no verification license designee/administrator Andrew Akunne completed at least 16 training hours in 2019 and 2020.</p> | |
| 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. |
| | <p>(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.</p> |
| <p>There was no verification that licensee designee/administrator Andrew Akunne had a TB test within the last 3-year period.</p> | |
| 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. |
| | <p>(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.</p> |

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| Staff Emmanuel Takwi was last tested for TB on 03/15/2018. | |
| 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. |
| There was no verification staff Emmanuel Takwi completed annual health review in 2019 and 2020. | |
| 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. |
| Resident A had a physical on 08/09/2018 and 11/29/2020. There was no verification a health care appraisal was completed in 2019. The physical on 11/29/2020 was not documented on the department health appraisal form. | |
| Resident B had a physical on 11/29/2020, but if was not documented on the department health appraisal form. | |
| R 400.14301 | Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. |
| | (9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary. |

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| Resident C's resident care agreement in January 2020 was not signed by licensee designee Andrew Akunne. | |
| R 400.14403 | Maintenance of premises. |
| | (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants. |
| There was a crack in one of the resident's bedroom windows. | |
| R 400.14403 | Maintenance of premises. |
| | (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair. |
| <ul style="list-style-type: none"> • There was a hole in one of the resident's bedroom walls. There was masking tape covering the hole. • There was a hole in the ceiling. • Many of the walls throughout the facility were dirty, damaged, and/or had chipping paint. | |

IV. RECOMMENDATION

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



DaShawnda Lindsey
Licensing Consultant

03/08/2021

Date