

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 23, 2021

Nicole Deneweth Homes of Opportunity Inc 15878 Kingstone Dr. Fraser, MI 48026

RE: License #: AS820294498

Levan AFC Home 16405 Levan Livonia, MI 48154

Dear Ms. Deneweth:

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,

Edith Richardson, Licensing Consultant

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Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd

Detroit, MI 48202

(313) 919-1934

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

I. IDENTIFYING INFORMATION

Licensee #: AS820294498

Licensee Name: Homes of Opportunity Inc

Licensee Address: 15878 Kingstone Dr.

Fraser, MI 48026

Licensee Telephone #: (248) 338-7458

Licensee/Licensee Designee: Nicole Deneweth, Designee

Administrator: Maurice Jacobs

Name of Facility: Levan AFC Home

Facility Address: 16405 Levan

Livonia, MI 48154

Facility Telephone #: (586) 596-7285

Original Issuance Date: 03/05/2008

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/19/2021	
Date	e of Bureau of Fire Services Inspection if applicable:
Date of Environmental/Health Inspection if applicable:	
Insp	ection Type:
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:
•	Medication pass / simulated pass observed? Yes \square No \boxtimes If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square 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 NA NA If no, explain. Water temperatures checked? Yes No If no, explain.
•	Incident report follow-up? Yes ☐ No ☒ If no, explain. N/A
•	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 400.14403 Maintenance of premises.

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

No doors on the pantry in the kitchen area.

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.

Worn floor tiles in bedroom #1.

Repair holes in walls throughout the home and paint.

IV. RECOMMENDATION

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

Edith Richardson

Licensing Consultant

Zace RRhe

03/23/2021

Date