



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 13, 2021

Andrew Akunne  
Homestead Residences, Inc.  
Suite A  
3879 Packard  
Ann Arbor, MI 48108

RE: License #: AS630014729  
**Cambria House**  
**6825 Barabeau**  
**Troy, MI 48098**

Dear Mr. Akunne:

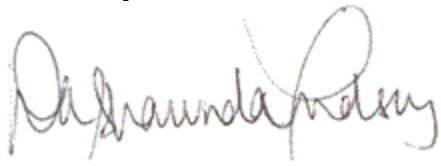
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 black ink, appearing to read "DaShawnda Lindsey". The signature is fluid and cursive, with the first name being the most prominent.

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 #:** AS630014729

**Licensee Name:** Homestead Residences, Inc.

**Licensee Address:** Suite A  
3879 Packard  
Ann Arbor, MI 48108

**Licensee Telephone #:** (734) 973-7764

**Licensee/Licensee Designee:** Andrew Akunne

**Administrator:** Andrew Akunne

**Name of Facility:** Cambria House

**Facility Address:** 6825 Barabeau  
Troy, MI 48098

**Facility Telephone #:** (248) 879-2777

**Original Issuance Date:** 02/09/1993

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
MENTALLY ILL  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/06/2021

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

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed N/A Role: N/A

- 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.  
There were no incident reports that required a follow-up.
- 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

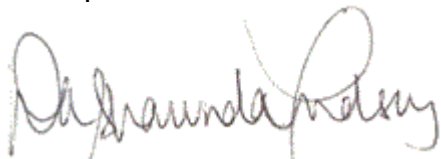
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

|  |   |
|--|---|
| This facility was found to be in non-compliance with the following rules:  |   |
| <b>R 400.14203</b>   | <b>Licensee and administrator training requirements.</b>  |
|  | (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:<br>(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.   |
| There was no verification that licensee designee/administrator Andrew Akunne completed at least 16 training hours in 2020. |   |
| <b>R 400.14205</b>   | <b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>   |
|  | (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. |
| There was no verification that staff Solomon Anifowoshe tested negative for TB within the last three-year period.          |   |
| <b>R 400.14205</b>   | <b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>   |
|  | (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 that Mr. Akunne completed a health review for the last two years. |   |
| <b>R 400.14301</b>  | <b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>  |
|   | (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's and B's health care appraisal was not on the department form.                  |   |
| <b>R 400.14403</b>  | <b>Maintenance of premises.</b>   |
|   | (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"> <li>• There was a whole in one of the resident's bedroom walls.</li> <li>• The walls throughout the facility were dirty.</li> <li>• The floor tile throughout the facility was chipped and/or damage.</li> </ul>   |

#### IV. RECOMMENDATION

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



10/13/2021

DaShawnda Lindsey  
Licensing Consultant

Date

