



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 19, 2021

Immaculata Nwachukwu
Friman Homes Inc
42000 Koppernick Road, Suite A-7
Canton, MI 48187

RE: License #: AS820069046
Park Street Home
35638 Park
Wayne, MI 48184

Dear Ms. Nwachukwu:

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:

- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 black ink that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AS820069046

Licensee Name: Friman Homes Inc

Licensee Address: 8281 Barrington Drive
Ypsilanti, MI 48198

Licensee Telephone #: (734) 254-0092

Licensee/Licensee Designee: Immaculata Nwachukwu

Administrator: Immaculata Nwachukwu

Name of Facility: Park Street Home

Facility Address: 35638 Park
Wayne, MI 48184

Facility Telephone #: (734) 254-0092

Original Issuance Date: 12/28/1995

Capacity: 6

Program Type: MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/18/2021

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 3
No. of residents interviewed and/or observed 5
No. of others interviewed 0 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. Not completed
- 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 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:
11/07/2019 Rules: 803(6),208(1),301(6),310(3),312(4)(b),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 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.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Staff, Mary Ukpaka, did not have a physical health statement completed within 30 days of employment. She started working 05/18/2020 and her physical was completed 10/14/2021.

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.

Staff, Mary Ukpaka, did not have TB testing completed before employment. She started working 05/18/2020 and TB testing was completed 10/14/2021.

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:

(i) Required verification of the receipt of personnel policies and job descriptions.

Staff, Mary Ukpaka, did not have verification of receipt of personnel policies and job description in her file.

REPEAT VIOLATION {RENEWAL INSPECTION 11/07/2019}

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's assessment plan was not completed at the time of admission. She was admitted 06/28/2021 and the assessment plan was completed 09/16/2021.

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.

Resident A's resident care agreement was not completed at the time of admission. She was admitted 06/28/2021 and the care agreement was completed 09/16/2021.

REPEAT VIOLATION {RENEWAL INSPECTION 11/07/2019}

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Funds Part I and II forms were not completed for Resident A.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The hot water temperature was 130 degrees Fahrenheit.

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.

Both bathrooms were equipped with locking against egress hardware.

The bedroom located near the dining area was equipped with locking against egress hardware.

The bedroom located near the dining area had a cracked mirror.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.

(6) For new construction, conversions, and changes of category, approved smoke detectors shall be installed in accordance with the requirements contained in the publication of the national fire protection association entitled "NFPA 101, Life Safety Code, 1988, shall be powered from the building's electrical system, and, when activated, shall initiate an alarm that is audible in all sleeping rooms with the door closed. Detectors shall be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional detectors shall be installed in living rooms, dens, dayrooms, and similar spaces.

The smoke detectors did not all sound off when initiated for testing.

IV. RECOMMENDATION

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



11/19/2021

Date

Licensing Consultant