



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 18, 2021

Appolonia Okonkwo  
Tender Hearts, Inc.  
2708 Oakman Court  
Detroit, MI 48238

RE: License #: AS820389008  
**Schoolcraft Home**  
**24835 Schoolcraft Ave.**  
**Redford Charter Twp, MI 48239**

Dear Mrs. Okonkwo:

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,

A handwritten signature in black ink, appearing to read 'D Walker', with a horizontal line extending to the right.

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820389008

**Licensee Name:** Tender Hearts, Inc.

**Licensee Address:** 2708 Oakman Court  
Detroit, MI 48238

**Licensee Telephone #:** (248) 240-4413

**Licensee/Licensee Designee:** Appolonia Okonkwo

**Administrator:** Appolonia Okonkwo

**Name of Facility:** Schoolcraft Home

**Facility Address:** 24835 Schoolcraft Ave.  
Redford Charter Twp, MI 48239

**Facility Telephone #:** (313) 790-6835

**Original Issuance Date:** 12/03/2018

**Capacity:** 6

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/15/2021

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 0  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A full worksheet inspection was completed.
- 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.
- 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 Dated 12/3/2019 R 400.14301 (10), R 400.14301 (2)(b) 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:

#### **Resident register.**

##### **R 400.14210**

**A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:**

- (a) Date of admission.**
- (b) Date of discharge.**
- (c) Place and address to which the resident moved, if known.**

At the time of inspection, the resident register did not contain the correct admissions and/or discharge for Resident A.

##### **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.**

At the time of admission:

- Resident A's resident file did not contain an annual 2021 resident care agreement.
- Resident B's Resident Care agreement was not signed by the resident's designated representative or responsible party.

##### **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.**

At the time of inspection:

- Resident A's resident file did not contain an annual 2021 health care appraisal.
- Resident B's resident file did not contain a health care appraisal at the time of admission.

**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.**

At the time of inspection:

- The window in the West resident bedroom is cracked and has a hole in it.
- The love seat is obstructing the rear exit, which forms a part of the two approved means of egress.

**R 400.14408          Bedrooms generally.**

**(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.**

At the time of inspection, the West resident bedroom door is sticking and not opening properly.

**IV. RECOMMENDATION**

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



11/18/2021

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Denasha Walker  
Licensing Consultant

Date