



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 3, 2022

Chinyelu Anwunah
Vinokan Residence Corporation
46908 Wareham
Canton, MI 48187

RE: License #: AS820290094
Investigation #: 2022A0992006
Glory Residence

Dear Ms Anwunah:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read "Denasha Walker".

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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820290094
Investigation #:	2022A0992006
Complaint Receipt Date:	12/13/2021
Investigation Initiation Date:	12/15/2021
Report Due Date:	02/11/2022
Licensee Name:	Vinokan Residence Corporation
Licensee Address:	10012 Robson Street Detroit, MI 48227
Licensee Telephone #:	(313) 408-3227
Administrator:	Chinyelu Anwunah
Licensee Designee:	Chinyelu Anwunah
Name of Facility:	Glory Residence
Facility Address:	15515 Robson St. Detroit, MI 48227
Facility Telephone #:	(313) 408-3227
Original Issuance Date:	08/14/2007
License Status:	REGULAR
Effective Date:	04/18/2020
Expiration Date:	04/17/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Lack of proper supervision as residents are looking in neighbor's windows, and defecating/urinating on their lawn, including in front of children.	No
Additional Findings	Yes

III. METHODOLOGY

12/13/2021	Special Investigation Intake 2022A0992006
12/13/2021	Contact - Telephone call made Complainant was not available a message was left.
12/15/2021	Special Investigation Initiated - Telephone Complainant
12/15/2021	Inspection Completed On-site Matthew Fujamade, direct care staff and Resident D
12/15/2021	Contact - Telephone call made Chinyelu (Ms. Chi Chi) Anwunah, licensee designee
12/16/2021	Contact - Telephone call made Ms. Chi Chi
12/20/2021	Contact - Document Received Individual Plan of Services (IPOS) received for Residents A, C-E
01/14/2022	Contact - Telephone call made Relative E, Resident A's guardian was not available a message was left.
01/14/2022	Contact - Telephone call made Ms. Chi Chi
01/14/2022	Contact - Telephone call made Morgan Laclare, Resident A' supports coordinator with Lincoln Behavioral Services was not available; message left.

01/14/2022	Contact - Telephone call made Windy Maynard, Resident F's Support Coordinator with Team Mental Health
01/14/2022	Contact - Telephone call made Pamela Brown, Resident D's Supports Coordinator with Team Mental Health, was not available a message was left.
01/14/2022	Contact - Document Sent Records request submitted to Ms. Maynard via email for Resident F's IPOS
01/18/2022	Contact - Telephone call made Ms. Brown was not available a message was left.
01/19/2022	APS Referral
01/20/2022	Contact - Telephone call received Ms. Brown
01/20/2022	Contact - Telephone call received Jeri Sterrett, ORR Specialist
01/25/2022	Contact - Document Received Resident B's IPOS
02/22/2022	Exit Conference Ms. Chi Chi

ALLEGATION: Lack of proper supervision as residents are looking in neighbor's windows, and defecating/urinating on their lawn, including in front of children.

INVESTIGATION: On 12/15/2021, I made telephone contact with the complainant and proceeded to discuss the allegations. The complainant stated the residents from the reported address have knocked on his door throughout the day and pulled on the door handle as if he/she was going to enter. The complainant further stated that he has even gone to the home to address this issue, however, the homeowner was not present and the staff on duty just laughed. The complainant further expressed concerns that there is a lack of supervision, and he fears someone from that home is going to get hurt.

On 12/15/2021, I completed an unannounced onsite inspection and interviewed Matthew Fajamade, direct care staff and Resident D regarding the allegations. Mr.

Fujamade denied the allegations. He said this is the first he has ever heard of any of the residents knocking on the neighbor's door or going on their property. He said to his knowledge all the residents are allowed to be in the community unsupervised. I requested to review all the resident's adult foster care (AFC) assessment plans and/or their individual plans of service (IPOS). Mr. Fujamade was only able to locate two of the resident files, the other four files were not in the facility. He said Chinyelu Anwunah (Ms. Chi Chi) licensee designee or Richard, home manager, has the other files and requested documents because the documents needed to be updated. I requested to review the resident register, which was not up to date. Mr. Fujamade said there are six residents in the home, and he proceeded to provide me with their names and their guardians contact information, if applicable.

I observed Resident D sitting at the dining table. I introduced myself and she stared at me with a blank stare. I proceeded to ask her name and she didn't respond. Resident D was not interviewed. Mr. Fujamade identified Resident D and said she's the only female in the home at this time.

On 12/15/2021, I contacted Ms. Chi Chi to discuss the allegations with her, in which she denied. I explained that I attempted to review the resident files, but only two of the six files were in the facility and the two files that were available did not contain a copy of the residents AFC assessment plans or IPOS. Ms. Chi Chi said the requested documents were in her possession because she was updating them and wasn't aware that Licensing would be visited the home. I explained that the resident files should always remain in the home and contain the required documents.

I requested copies of Residents A-F's AFC assessment plans/IPOS, in which she agreed. She further stated that the home has been operating for several years and she has never had problems with the residents violating the neighbor's property. She said the residents are allowed to be in the community independently and none of them require 1:1 staffing. Ms. Chi Chi said the neighbors will give one of the residents in particular money to go back and forth to the store and when they get mad, that's when it is a problem. She said most of the residents remain in their room and barely leave the home. She said Resident E will go on the porch to smoke a cigarette and maybe to the store but that's as far as he goes. Ms. Chi Chi denied the residents are trespassing on the neighbor's property.

On 12/16/2021, I made follow-up contact with Ms. Chi Chi and requested Resident A-F's AFC assessment plans/IPOS, of which she agreed to submit.

On 12/20/2021, I received and reviewed the IPOS for Residents A, C-F to determine if Residents A, C-F are allowed in the community independently. It should be noted that the IPOSs received for Residents A and F were addendums which didn't specify if Residents A and/or F are allowed in the community independently or not. As for Residents C-E, their IPOS didn't contain any language preventing them from being in the community independently.

On 01/14/2022, I contacted Ms. ChiChi and made her aware that I didn't receive an AFC assessment plan/IPOS for Resident B; of which she agreed to email me a copy. I also made her aware that the IPOS received for Residents A and F were addendums, I asked her for their original IPOS, and she said that's all she has for them. She further stated that she checked the Detroit Wayne Integrated Health Network (DWIHN) portal, and the addendum is the only IPOS listed.

On 01/14/2022, I contacted Windy Maynard, Resident F's Support Coordinator with Team Mental Health regarding his IPOS. I explained to her that I have a copy of his addendum but not the original IPOS of which the addendum was predicated. Ms. Maynard reviewed Resident F's IPOS and said he is allowed to be in the community independently. She said as far as she knows there hasn't been any changes. I requested a copy of the IPOS, and Ms. Maynard ask that the request be submitted in writing.

On 01/20/2022, I contacted Pamela Brown, Resident D's Supports Coordinator with Team Mental Health regarding the IPOS. Ms. Brown said she didn't author Resident D's IPOS and proceeded to review it. She said Resident D's goals include medication management, preventative health maintenance, basic needs, and social skills. She said there isn't any language included that would prevent Resident D from being in the community independently.

On 01/20/2022, I received a call from Jeri Sterrett, Office of Recipient Rights Specialist stating she was assigned an investigation at the Glory Residence AFC facility regarding the lack of supervision. Ms. Sterrett asked if any of the residents have any restrictions as it pertains to them being in the community independently and I said not to my knowledge. Ms. Sterrett said she would contact me if she determined otherwise during her investigation.

On 01/25/2022, I received and reviewed a copy of Resident B's IPOS to determine if he can be in the community independently. Based on his IPOS, he doesn't have any restrictions as it pertains to being in the community independently.

On 2/2/2022, I completed an exit conference with Ms. Chi Chi regarding the investigative findings. I explained that based on the IPOS the residents are allowed to be in the community independently and as a result there is insufficient evidence to support the allegations. However, I suggested Ms. Chi Chi discuss boundaries with the residents as it pertains to trespassing on the neighbor's property, which can ultimately result in criminal charges and she agreed.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services

	specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>During this investigation, I interviewed Chinyelu Anwunah, licensee designee; Matthew Fujamade, direct care staff; Windy Maynard, Resident F's Support Coordinator with Team Mental Health; Pamela Brown, Resident D's Supports Coordinator with Team Mental Health regarding the allegations. All of which confirmed Residents A-F are allowed in the community independently.</p> <p>I reviewed Residents A-F's IPOS, none of which contained language restricting he/she from being in the community independently.</p> <p>Based on the investigative findings, there is insufficient evidence to support the allegation. The allegation is unsubstantiated.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 12/15/2021, I completed an unannounced onsite inspection and interviewed Matthew Fujamade, direct care staff. I requested to review Resident A-F's adult foster care (AFC) assessment plans and/or their individual plans of service (IPOS) to determine the level of care, behaviors and needs. Mr. Fujamade was only able to locate two of the resident files, the other four resident files were not in the facility. He said the other files and requested documents was in the possession of Chinyelu Anwunah (Ms. Chi Chi), licensee designee, or Richard, home manager because the documents needed to be updated. I requested to review the resident register, which was not up to date.

On 12/15/2021, I contacted Ms. Chi Chi and explained that I attempted to review the resident files, but only two of the six files were in the facility and the two files that were available did not contain a copy of the residents AFC assessment plans or IPOS. Ms. Chi Chi said the requested documents were in her possession because she was updating them and wasn't aware that Licensing would be visiting the home. I explained that the resident files should remain in the home always and contain the required documents. I also made her aware that the resident register is not up to date with the most recent admissions, and it doesn't have discharge dates for past residents. Ms. Chi Chi agreed to update the resident register and resident files immediately.

On 2/2/2022, I completed an exit conference with Ms. Chi Chi regarding the investigative findings. I explained that when I arrived at the facility, I attempted to review the resident files, but only two of the six files were in the facility and the two files that were available did not contain a copy of the residents AFC assessment plans or IPOS. I explained that complete resident files should remain in the home always and contain the required documents. I also made her aware that the resident register was not up to date and didn't include the date of admission and/or discharge information for each resident. Ms. Chi Chi said she understand and that she has since updated the identified documents. I explained that based on the findings, a written corrective action plan is required. Ms. Chi Chi agreed to submit a written corrective action plan and denied having any questions.

APPLICABLE RULE	
R 400.14210	Resident register.
	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.
ANALYSIS:	The resident register didn't include the date of admission and/or discharge information for each resident.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
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.

ANALYSIS:	Residents A-F didn't have an annual assessment plan on file in the home.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, I recommend the status of the license remain unchanged.



2/2/2022

Denasha Walker
Licensing Consultant

Date

Approved By:



2/3/2022

Ardra Hunter
Area Manager

Date