



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 16, 2021

Josephine Uwazurike  
ADA Homes, Inc.  
P O Box 4199  
Southfield, MI 48037

RE: License #: AS820379138  
**Westland III**  
**4761 Westland**  
**Dearborn, MI 48126**

Dear Ms. Uwazurike:

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 blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820379138

**Licensee Name:** ADA Homes, Inc.

**Licensee Address:** #200  
23999 Northwestern Hwy.  
Southfield, MI 48075

**Licensee Telephone #:** (248) 569-1040

**Licensee/Licensee Designee:** Josephine Uwazurike, Designee

**Administrator:** Joesphine Uwazurike

**Name of Facility:** Westland III

**Facility Address:** 4761 Westland  
Dearborn, MI 48126

**Facility Telephone #:** (313) 429-9499

**Original Issuance Date:** 11/21/2016

**Capacity:** 4

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED

**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 03  
No. of residents interviewed and/or observed 03  
No. of others interviewed 01 Role: Program Manager

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to the Covid-19 pandemic, face-to-face contact was limited to mitigate risks to all.
- 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:  
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 330.1803 Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.**

No SLEEP drill completed in the 3<sup>rd</sup> quarter of 2020.

**R 400.14105 Licensed capacity.**

**(1) The number of residents cared for in a home and the number of resident beds shall not be more than the capacity that is authorized by the license.**

The license capacity is four, but the licensee accepted a fifth resident in care on 6/16/20. Therefore, the home has been out of ratio for over a year.

**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.

M.D. was placed in the home on 6/16/20; her health care appraisal is dated 7/30/20. D.H. was placed in the home on 2/24/20; his health appraisal is dated 10/12/20. Therefore, the licensee designee has not assured a written health care appraisal is obtained for all residents within 30 days of placement.

**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.

M.D.'s AFC assessment plan dated 4/1/21 is incomplete, as pages 2 and 3 are blank.

The medication section of the report defers the reader to the resident's medication sheet; however, no medication was attached for review. *Technical assistance was provided.*

This is a **REPEAT VIOLATION**; See 6/25/19 Renewal LSR.

**R 400.14311            Investigation and reporting of incidents, accidents, illnesses, absences, and death.**

(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:

(b) Any accident or illness that requires hospitalization.

M.D. was hospitalized 10/12/21 – 10/18/21 according to the October medication sheet; however, an incident report was not forwarded to the department.

D.H. was hospitalized 6/8/21 – 6/16/21 according to the June medication sheet; however, an incident report was not forwarded to the department.

It should be noted, I reviewed the home's incident report records. An incident report was completed and maintained in the home. The bottom portion of the form was not filled out to document who the report was shared with or the date/time the report was shared. The Area Manager, Ms. Lanetria Gibson indicated the form had been faxed to all the required parties. Ms. Gibson could not provide verification the form was sent.

**R 400.14315 Handling of resident funds and valuables.**

(13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.

The licensee has not documented all monies received on behalf of each resident. Observed the Resident Funds II forms only include the amount withdrawn for each cost of care payment; however, the amount received (or deposited) on behalf of each resident is not recorded, including stimulus payments.

Ms. Gibson reported the main office maintains a separate record of resident funds. These records are maintained on an internal spreadsheet. The department form is not used.

This is a **REPEAT VIOLATION**; See 6/25/19 Renewal LSR.

**R 400.14401 Environmental health.**

(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.

Observed multiple fruit flies or gnats flying in the kitchen and dining areas.

**R 400.14401      Environmental health.**

(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

Observed the home did not have hand soap available in the kitchen area. There was Dawn dish washing liquid provided instead.

**IV. RECOMMENDATION**

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



11/16/21

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Kara Robinson  
Licensing Consultant

Date