



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 4, 2022

Josephine Uwazurike  
Kevdaco Human Services LLC  
PO Box 4199  
Southfield, MI 48037

RE: License #: AS820295931  
**Kevdaco Redford II**  
**26520 West Chicago Road**  
**Redford, MI 48239**

Dear Ms Uwazurike:

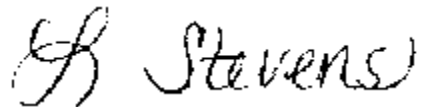
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 black ink that reads "LaKeitha Stevens". The signature is written in a cursive, flowing style.

LaKeitha Stevens, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3055

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909  
[www.michigan.gov/lara](http://www.michigan.gov/lara) • 517-335-1980

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820295931

**Licensee Name:** Kevdaco Human Services LLC

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

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

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

**Administrator:**

**Name of Facility:** Kevdaco Redford II

**Facility Address:** 26520 West Chicago Road  
Redford, MI 48239

**Facility Telephone #:** (313) 766-4696

**Original Issuance Date:** 07/17/2008

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/04/2022

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 3  
No. of residents interviewed and/or observed 0  
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A 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.  
A worksheet inspection was completed.
- 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 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's written assessment plan was not completed at admission.

**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. A resident care agreement shall include all of the following:**

**(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.**

**(b) A description of services to be provided and the fee for the service.**

**(c) A description of additional costs in addition to the basic fee that is charged.**

**(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.**

**(e) An agreement by the resident or the resident's designated representative or responsible agency to provide**

necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

Resident's care agreement was not completed at admission.

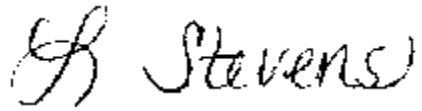
**R 400.14306 Use of assistive devices.**

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

At the time of inspection, the facility was equipped with assistive devices without physicians' authorization.

#### IV. RECOMMENDATION

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



---

LaKeitha Stevens  
Licensing Consultant

Date