



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 16, 2022

Ethel Ayorinde
GF Adult Foster Care Home
28939 Lake Park Dr.
Farmington Hills, MI 48331

RE: License #: AS820281834
House of Grace
33006 Akron
Westland, MI 48186

Dear Mrs. Ayorinde:

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 six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 "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

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

I. IDENTIFYING INFORMATION

License #:	AS820281834
Licensee Name:	GF Adult Foster Care Home
Licensee Address:	28939 Lake Park Dr. Farmington Hills, MI 48331
Licensee Telephone #:	(734) 326-5843
Licensee/Licensee Designee:	Ethel Ayorinde
Administrator:	Ethel Ayorinde
Name of Facility:	House of Grace
Facility Address:	33006 Akron Westland, MI 48186
Facility Telephone #:	(734) 326-5843
Original Issuance Date:	07/20/2006
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/27/2022

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 1
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.
The residents dined out, I observed residents eating.
- 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 7/10/2020 R 400.14203 (1), R 400.14403 (2), R 400.1403 (5) 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:

MCL 400.734b Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency. If the department of state police or the federal bureau of investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. The adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the individual maintained by the department of state police.

At the time of inspection, direct care staff Grismery Ezeimo and Francline Kouma employee files did not contain fingerprinting documentation.

Grismery Ezeimo date of hire was 12/26/2019 and Francline Kouma date of hire was 7/10/2020.

On 6/01/2022, I contacted LARA workforce background check unit to see if they have a record of fingerprints. I was informed that neither applicant has been fingerprinted to work for House of Grace. Grace Grismery Ezeimo has been checked previously for other facilities. Francline Kouma is not in the system at all.

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.

At the time of inspection, direct care staff Grismery Ezeimo employee file did not contain a statement signed by a licensed physician attesting to the knowledge of her physical health within 30 days of employment.

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.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of inspection, direct care staff Grismery Ezeimo and Francline Kouma employee files did not contain verification of annual health reviews.

Grismery Ezeimo file did not contain health reviews for 2020, 2021, 2022.

Francline Kouma file did not contain health reviews for 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:

- (a) Name, address, telephone number, and social security number.
- (b) The professional or vocational license, certification, or registration number, if applicable.
- (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.
- (d) Verification of the age requirement.
- (e) Verification of experience, education, and training.
- (f) Verification of reference checks.
- (g) Beginning and ending dates of employment.
- (h) Medical information, as required.
- (i) Required verification of the receipt of personnel policies and job descriptions.

At the time of inspection, direct care staff Francline Kouma employee file did not contain verification of education.

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.

At the time of inspection, the resident register did not contain the date of discharge for multiple residents which included Resident B.

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 file did not contain an annual health care appraisal for 2021 or 2022.

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 inspection, Resident A's file did not contain an annual resident care agreement for 2021 or 2022.

R 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.

- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, Residents A's medication administration records (MARs) were not initialed by the staff who administered the following medications:

- ATORVASTATIN CALCIUM TAB 20MG, to be administered 1 tablet by mouth daily at 8:00 A.M. The medication was not initialed 5/1/2022, 5/8/2022, 5/17/2022, 4/4/2022, 4/24/2022, 3/24/2022, 3/25/2022, 11/26/2021, 10/13/2021, 7/5/2021, 7/12/2021, 7/19/2021, 7/26/2021, 6/9/2021, 6/14/2021, 6/29/2021.
- LEVOTHYROXINE SODIUM 175MG, to be administered 1 tablet by mouth daily at 8:00 A.M. The medication was not initialed 5/1/2022, 5/8/2022, 5/17/2022, 3/24/2022, 3/25/2022, 11/16/2021, 7/12/2021, 7/19/2021, 7/26/2021, 6/9/2021, 6/14/2021, 6/29/2021.
- SERTRALINE HCL TAB 100MG, to be administered 1 tablet by mouth at bedtime at 8:00 P.M. The medication was not initialed 5/3/2022, 5/4/2022, 5/6/2022, 5/10/2022, 4/5/2022, 3/29/2022, 12/18/2021, 11/06/2021, 11/25/2021, 10/15/2021, 10/16/2021, 7/4/2021, 7/11/2021, 7/18/2021, 7/25/2021, 7/26/2021, 7/27/2021, 7/30/2021, 6/15/2021, 6/27/2021, 6/30/2021.

Etherl Ayorinde said there is no explanation why staff did not initial as required.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection, emergency and evacuation procedures were not completed during daytime, evening, and sleeping hours at least once per quarter.

Evacuation drills were not completed during the following:

- Evening and sleep hours of the 1st quarter in 2022.
- Sleep hours of the 2nd, 3rd and 4th quarter of 2021.

R 400.14401 Environmental health.

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

At the time of inspection, I observed caustics, and other dangerous materials in resident areas. Lighter fluid and cleaning supplies were observed on the desk out in the open. The storage room door was unlocked, which contains cleaning supplies and is accessible through the resident's bedroom.

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 closet door in the living room was off track.
- Knobs on the closet doors and dressers in the resident bedrooms were missing, loose and not in good repair.
- Tile in the shower area of both resident bathrooms was damaged and not in good repair.
- The window in the south resident bedroom was broken.
- The window in the residents bathroom was broken.

R 400.14403 Maintenance of premises.

(10) Scatter or throw rugs on hard finished floors shall have a nonskid backing.

At the time of inspection, I observed throw rugs on hard finished floors without nonskid backing.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At the time of inspection, the housekeeping standards did not present a comfortable, clean, and orderly appearance:

- Grease residue was observed on the kitchen walls and appliances.
- Soap scum was observed in the bathroom and shower area.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 06/23/2020; CAP DATED 07/10/2020.**

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

At the time of inspection, the South resident bedroom wall was patched and unfinished.

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 south bedroom doors were not permanently mounted and was not equipped with positive-latching, nonlocking-against-egress hardware.

R 400.14410 Bedroom furnishings.

(1) The bedroom furnishings in each bedroom shall include all of the following:
(b) Lighting that is sufficient for reading and other resident activities.

At the time of inspection, the south resident bedrooms were not equipped with adequate lighting.

R 400.14410 Bedroom furnishings.

(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a water bed is not prohibited by this rule.

At the time of inspection, the mattress observed in the South resident bedroom was not well protected. It was heavily stained and not in good condition.

R 400.14411 Linens.

(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.

At the time of inspection, the mattress observed in the South resident bedroom was not equipped with adequate linen; I only observed a bedspread.

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.

(3) The batteries of battery-operated smoke detectors shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer.

At the time of inspection, the smoke detector in the furnace area was beeping, the batteries were not replaced in accordance with the recommendations of the manufacturer.

Corrected onsite; the staff turned replaced the batteries. No CAP needed

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, the front door that forms apart of the required means of egress was not equipped with non-locking-against-egress hardware.

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

At the time of inspection, the gas dryer located on the same level as the residents was not enclosed in a room constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



6/15/2022

Date

Denasha Walker
Licensing Consultant

Approved by:



6/16/2022

Date

Ardra Hunter
Area Manager