



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 15, 2022

Latoya Ferrell
13678 Country Walk Blvd
Belleville, MI 48111

RE: License #: AS820406563
Amagine AFC
19491 Beaverland St.
Detroit, MI 48219

Dear Ms. Ferrell:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 cursive script that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AS820406563

Licensee Name: Latoya Ferrell

Licensee Address: 13678 Country Walk Blvd
Belleville, MI 48111

Licensee Telephone #: (734) 624-8072

Licensee/Licensee Designee: N/A

Administrator: Latoya Ferrell

Name of Facility: Amagine AFC

Facility Address: 19491 Beaverland St.
Detroit, MI 48219

Facility Telephone #: (313) 766-5152

Original Issuance Date: 03/08/2022

Capacity: 3

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/09/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
Residents had already eaten
- Fire drills reviewed? Yes No If no, explain.
None due or completed during the time of renewal
- 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.
N/A
- 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 400.14105 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 home is licensed for a capacity of 3 but 4 beds were observed set up in the facility for residents' use.

R 400.14204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

- (a) Reporting requirements.**
- (b) First aid.**
- (c) Cardiopulmonary resuscitation.**
- (d) Personal care, supervision, and protection.**
- (e) Resident rights.**
- (f) Safety and fire prevention.**
- (g) Prevention and containment of communicable diseases.**

Staff, Jacqueline Harris, began working in the home on 08/29/2022. Her 1st aid and CPR training was completed on 09/07/2022, which was after her start date.

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.

Staff, Jacqueline Harris, did not have on file verification of reference checks, verification of age, verification of receipt of job description and personnel policies, and TB test results.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The hot water temperature was 144 degrees Fahrenheit.

A corrective action plan was requested and approved on 09/09/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Regina Buchanan
Licensing Consultant

09/15/2022
Date

