GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 7, 2022

Josephine Uwazurike
Allied Continuing Care Inc
23999 Northwestern Hwy, Suite 200
Southfield, MI 48075

RE: License #: AS820303038
Investigation #: 2023A0901002
Muirland Manor

Dear Ms. Uwazurike:

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,

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

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820303038
Investigation #:	2023A0901002
Complaint Receipt Date:	09/29/2022
Investigation Initiation Date:	10/03/2022
Report Due Date:	11/28/2022
Licensee Name:	Allied Continuing Care Inc
Licensee Address:	Suite 200 23999 Northwestern Hwy Southfield, MI 48075
Licensee Telephone #:	(248) 569-1040
Administrator:	Josephine Uwazurike
Licensee Designee:	Josephine Uwazurike
Name of Facility:	Muirland Manor
Facility Address:	16923 Muirland Street Detroit, MI 48221
Facility Telephone #:	(248) 569-1040
Original Issuance Date:	05/24/2010
License Status:	REGULAR
Effective Date:	06/17/2021
Expiration Date:	06/16/2023
Capacity:	6

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

II. ALLEGATION(S)

	Violation Established?
The staff do not speak to the residents in a respectful manner.	No
The home has bedbugs.	No
The home has several maintenance issues such as the bathroom appears to be caving in, a broken window ledge, electrical outlets with no covers, and fly strips covered with flies.	Yes
Additional Findings	Yes

III. METHODOLOGY

09/29/2022	Special Investigation Intake 2023A0901002
09/29/2022	APS Referral
10/03/2022	Special Investigation Initiated - Telephone Guardian, Damon Watkins
10/04/2022	Inspection Completed On-site
10/07/2022	Contact - Telephone call made Licensee Designee, Josephine Uwazurike
10/10/2022	Contact - Telephone call received APS, Marlena Murphy
10/10/2022	Contact - Telephone call made Guardian, Damon Watkins
10/13/2022	Contact - Telephone call made

	Staff, Kenya Hurd
10/21/2022	Contact - Document Received Email
11/07/2022	Inspection Completed-BCAL Sub. Compliance
11/07/2022	Referral - Recipient Rights
11/07/2022	Exit Conference Licensee Designee, Josephine Uwazurike

ALLEGATION:

The staff do not speak to the residents in a respectful manner.

INVESTIGATION:

On 10/03/2022, I made a telephone call to Damon Watkins, Resident A's guardian from Faith Connections. He stated he has never witnessed staff talking to the residents in a disrespectful manner and had no concerns about staff mistreating the residents.

On 10/04/2022, I conducted an onsite inspection at the facility. The home manager, Joseph Chinemeleu, was present. He denied the allegations. He stated he has never observed any of the staff being disrespectful towards the residents.

On 10/04/2022, I interviewed residents B and C separately. They are the only verbal residents in the home. They both denied being spoken to by staff in a disrespectful manner and denied having any issues with staff.

On 10/07/2022, I made a telephone call to the licensee designee, Josephine Uwazurike. She denied the allegations. She stated she had no knowledge of staff being disrespectful toward the residents and did not believe her staff would do that.

APPLICABLE RULE	
R 400.14305	**Resident protection.**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

ANALYSIS:	Based on the information obtained during this investigation, there is a lack of evidence to confirm that the residents were not being treated with dignity. Everyone interviewed denied the allegations.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The home has bedbugs.

INVESTIGATION:

On 10/03/2022, I made a telephone call to Damon Watkins, Resident A's guardian from Faith Connections. He confirmed that the home has bedbugs. He stated he recently went to the home and staff, Kenya Hurd, was outside and another staff was inside. Mr. Hurd Informed him that he was outside due to the bedbugs and that he periodically goes inside to check on the residents.

On 10/04/2022, I conducted an onsite inspection at the facility. The home manager, Joseph Chinemeleu, was present. He confirmed that the home had bedbugs and was treated 2 weeks ago. They are scheduled for another treatment soon.

On 10/07/2022, I made a telephone call to the licensee designee, Josephine Uwazurike. She stated the home was treated for bedbugs. Although the exterminator only found bedbugs in one bedroom, the whole house was treated and is scheduled for follow-up treatment.

On 10/21/2022, I received documentation regarding the bedbug treatment. The home was treated on 09/21/2022 by Silver Springs Pest Control. The invoice indicated that the entire home and the furniture was treated. Bedbugs were only found in one bedroom and on one mattress and box spring. It was noted that the other bedrooms did not have bedbugs. It was also noted that a 2 week follow-up treatment would be done.

APPLICABLE RULE	
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.

ANALYSIS:	Based on the information obtained during this investigation a pest control program is being maintained to protect the health of the residents. Documentation was received that verified the home was treated for bedbugs prior to a complaint being made and that the home was already scheduled for follow-up treatment.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The home has several maintenance issues such as the bathroom appears to be caving in, a broken window ledge, electrical outlets with no covers, and fly strips covered with flies.

INVESTIGATION:

On 10/03/2022, I made a telephone call to Damon Watkins, Resident A's guardian from Faith Connections. He stated he was at the home recently and observed the maintenance issues.

On 10/04/2022, I conducted an onsite inspection at the facility. I observed electrical outlets with no covers on them, fly trap strips hanging in the living room completely covered with dead flies, the upstairs bathroom ceiling had a hole in it and appeared to have water damage, the upstairs bathroom window did not let up, the kitchen trash can did not have a lid, paint in the kitchen was peeling and lifting, and some of the bedroom blinds were damaged.

On 10/07/2022, I made a telephone call to the licensee designee, Josephine Uwazurike. She stated she was aware of the home having some maintenance issues. She explained that she sent her maintenance person to the home yesterday, but he held off doing anything because the county was removing the residents. She stated there was currently only 1 resident left in the home and after he is removed, the repairs will begin.

On 10/10/2022, I received a telephone call from Marlena Murphy, from APS. She stated due to the condition of the home, she substantiated her complaint.

APPLICABLE RULE	
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.
ANALYSIS:	Based on my observation of the home, the allegations are confirmed. There were several maintenance issues needing to be addressed, which the licensee designee, Josephine Uwazurike, was aware of and planning to rectify.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/03/2022, I made a telephone call to Damon Watkins, Resident A's guardian from Faith Connections. He stated he recently went to the home and staff, Kenya Hurd, was outside and another staff was inside. Mr. Hurd Informed him that he was outside due to the bedbugs and that he periodically goes inside to check on the residents.

On 10/04/2022, I conducted an onsite inspection at the facility and interviewed the home manager, Joseph Chinemeleu. He stated that there were a total of 5 residents and only Resident D requires 1:1 staffing. Mr. Hurd is normally his 1:1 staff person.

On 10/10/2022, I made a telephone call to Mr. Watkins and inquired about whether or not Resident D was outside with Mr. Hurd when he talked to him. He stated all the residents were inside the house with the other staff member that was on duty.

On 10/13/2022, I made a telephone call to Mr. Hurd. He stated after learning that the home had bedbugs, he started sitting on the porch when he went to work and every so often, would go inside to check on the residents. He indicated that this was not something he got permission from management to do, but did on his own, out of fear of taking bedbugs home. Mr. Hurd also confirmed that he was Resident D's 1:1 staff person and when he worked, he did not take him outside with him. He further indicated that he no longer works at the home.

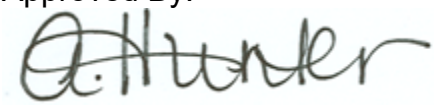
APPLICABLE RULE	
R 400.14206	**Staffing requirements.**
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Based on the information obtained during this investigation, there was not sufficient staffing on duty at all times. Resident D requires 1:1 staffing. Mr. Hurd admitted that on the days he worked, he stayed outside and periodically checked on the residents. This left 1 staff with all 5 residents, when based on Resident D's staffing needs, there should have been 2 staff on duty in the home at all times.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the license remains unchanged.

_____ 11/07/2022
Regina Buchanan Date
Licensing Consultant

Approved By:



_____ 11/07/2022
Ardra Hunter Date
Area Manager