



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 20, 2023

Chiquita Thomas  
Diamond Adult Foster & Respite Homes LLC  
24507 Lafayette Circle  
Southfield, MI 48075

RE: License #: AS820339504  
**Diamond Adult Foster Homes**  
**5400 Oakman Blvd**  
**Detroit, MI 48204**

Dear Ms. Thomas:

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:

- An on-site inspection will be conducted.

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".

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 #:** AS820339504

**Licensee Name:** Diamond Adult Foster & Respite Homes LLC

**Licensee Address:** 24507 Lafayette Circle  
Southfield, MI 48075

**Licensee Telephone #:** (313) 704-4641

**Licensee/Licensee Designee:** Chiquita Thomas, Designee

**Administrator:** Chiquita Thomas

**Name of Facility:** Diamond Adult Foster Homes

**Facility Address:** 5400 Oakman Blvd  
Detroit, MI 48204

**Facility Telephone #:** (313) 307-7112

**Original Issuance Date:** 06/30/2014

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/11/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 04

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Face to Face contact was limited to mitigate risks of Covid-19.
- 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 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.**

Resident D.R. did not have an annual health care appraisal completed in 2021.

**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.**

Licensee did not obtain the guardian's signature on Resident L.V.'s Resident Care Agreement dated 6/10/22.

#### **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.

Observed Medication Administration Records for the months of Sept 2021, Feb 2022, May 2022, Sept 2022, and Dec 2022 that do not contain the signature of the person(s) administering resident medication.

Ms. Thomas assures the department that residents are getting their medication as prescribed; she indicated workers forget to sign the medication book. I interviewed 4 of 4 residents; they each reported medication is administered daily by Staff without incident.

**R 400.14401            Environmental health.**

(3) All sewage shall be disposed of in a public sewer system or, in the absence thereof, in a manner that is approved by the health authority.

Observed frozen meat sauce being improperly thawed in the kitchen sink.

**R 400.14402            Food service.**

(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.

Observed locking against egress hardware on the door of ½ bath.

A corrective action plan was requested and approved on 01/11/2023. 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 and special certification.

#### **IV. RECOMMENDATION**

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

K. Robinson

01/20/23

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Kara Robinson  
Licensing Consultant

Date