

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 19, 2023

Immaculata Nwachukwu Friman Homes Inc Suite A-7 42000 Koppernick Road Canton, MI 48187

RE: License #: AS820406047

Dixie Home 15575 Dixie

Redford, MI 48239

Dear Ms. Nwachukwu:

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.

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,

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems

Regina Buchanon

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 #: AS820406047

Licensee Name: Friman Homes Inc

Licensee Address: 8281 Barrington Drive

Ypsilanti, MI 48198

Licensee Telephone #: (734) 254-0092

Licensee/Licensee Designee: Immaculata Nwachukwu

Administrator: Immaculata Nwachukwu

Name of Facility: Dixie Home

Facility Address: 15575 Dixie

Redford, MI 48239

Facility Telephone #: (734) 829-7421

Original Issuance Date: 01/11/2022

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	of On-site Inspection(s):	01/18/2	023
Date	of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	of Health Authority Inspection if applicable:		N/A
No. c	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		0
• 1	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.
• 1	Medication(s) and medication record(s) revie	wed? Y	es ⊠ No □ If no, explain.
• [Resident funds and associated documents reviewed for at least one resident? Yes No I f no, explain. Meal preparation / service observed? Yes No If no, explain. The resident was not home Fire drills reviewed? Yes No I f no, explain.		
• 1	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.
l	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No [• ,	
	Incident report follow-up? Yes ☐ No ☒ If i	no, expla	ain.
-	Corrective action plan compliance verified? ` N/A 🏻	Yes 🗌	CAP date/s and rule/s:
• 1	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 400.14401 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 132 degrees Fahrenheit.

R 400.14511 Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

The heating plant door did not latch when closed.

IV. RECOMMENDATION

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

Regina Buchanan Date
Licensing Consultant