



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 18, 2023

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. 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 documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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, 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

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/06/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

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.
- 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 0706/2022 MCL 400.734b, R 400.14205 (3), R 400.14205 (6),  
R 400.14208 (1), R 400.14210, R 400.14301 (10), R 400.14301 (9),  
R 400.14312 (4b), R 400.14318 (5), R 400.14401 (6), R 400.14403 (1),  
R 40.14403 (10), R 400.14403 (2), R 400.14205 (5), R 400.14408 (4),  
R 400.14410 (1), R 400.14410 (5), R 400.14411 (1), R 400.14505 (3),  
R 400.14507 (5), R 400.14511 (2) 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 400.14312 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 Resident A's medication administration record (MARs) was not initialed on 01/06/2023 at 8:00 a.m. for his Toprol XL.

**R 330.1803 (1) Facility environment; fire safety.**

- (1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairment of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and**

**inspected annually. A record of the inspections shall be maintained at the facility.**

The multi-station smoke detection system was not interconnected and audible in all areas of the home.

A corrective action plan was requested and approved on 01/18/2023. 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.



01/18/2023

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Denasha Walker  
Licensing Consultant

Date