



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 17, 2023

Wycliffe Opiyo  
Mercy Homes Assisted Living LLC  
2901 Asbury St.  
Kalamazoo, MI 49048

RE: License #: AS390380979  
**Mercy Homes Assisted Living**  
**2901 Asbury St.**  
**Kalamazoo, MI 49048**

Dear Mr. Opiyo:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and specialized certification for the developmentally disabled and mentally ill, will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

**License #:** AS390380979

**Licensee Name:** Mercy Homes Assisted Living LLC

**Licensee Address:** 2901 Asbury St.  
Kalamazoo, MI 49048

**Licensee Telephone #:** (817) 781-6512

**Licensee Designee:** Wycliffe Opiyo

**Administrator:** Wycliffe Opiyo

**Name of Facility:** Mercy Homes Assisted Living

**Facility Address:** 2901 Asbury St.  
Kalamazoo, MI 49048

**Facility Telephone #:** (817) 781-6512

**Original Issuance Date:** 09/26/2016

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 02/16/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] Role: [redacted]

- 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.  
Due to the time of the onsite inspection, a meal was not observed, but food was observed in the facility.
- 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 330.1803**                    **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 impairments 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.**

**FINDING:** There was no verification the facility's fire safety system (smoke alarms) had been inspected for year 2022. The licensee designee provided documentation confirming the system was inspected in 2023.

**REPEAT VIOLATION ESTABLISHED**

**[SEE RENEWAL LSR, DATED 03/02/2021, CAP DATED 03/08/2021]**

**R 330.1803 Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.**

**FINDING:** Documentation for the facility's fire drills did not indicate fire drills were being completed during the daytime, evening and sleeping hours every 3 months, as required.

**REPEAT VIOLATION ESTABLISHED**

**[SEE RENEWAL LSR, DATED 03/02/2021, CAP DATED 03/08/2021]**

**R 400.14203 Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

**FINDING:** The licensee designee/administrator did not have verification at least 16 hours of training had been completed in 2021 or 2022 that was relevant to the licensee's admission policy and program statement.

**R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed**

**by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

**FINDING:** Initial medical statements were not obtained at the time direct care staff occupied the facility, obtained employment and/or assumed duties. Neither live in staff, Celine Yankurige or Alex Majaliwa, had initial medicals obtained at hire or within 30 days despite being hired in 10/2020 and 01/2022, respectively. Additionally, direct care staff, Asende Ecasa, was hired 05/2022; however, an initial medical was not obtained until 09/2022.

**R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

**FINDING:** TB tests were not obtained at the time direct care staff occupied the facility, obtained employment and/or assumed duties. Neither live in staff, Celine Yankurige or Alex Majaliwa, had TB tests obtained at hire despite being hired in 10/2020 and 01/2022, respectively. Additionally, direct care staff, Asende Ecasa, was hired 05/2022; however, a TB was not obtained until 09/2022.

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

**FINDING:** Neither Resident A nor Resident B had an *Assessment Plan for AFC Residents* completed in 2022. Upon review of their resident files, I determined an assessment plan was completed for Resident A in 09/2021 and Resident B in 05/2021. Both residents had another assessment plan completed in 01/2023; however, both 2023 assessment plans only had the licensee designee's signature. Neither Resident A nor Resident B and/or their guardians, or their responsible agencies signed the 2023 assessment plans. Signatures of the licensee, resident and/or resident's representative and responsible agency, demonstrate all required persons have participated in the development of the written assessment plan. If the responsible agency refuses to sign the resident's written assessment plan, this should be noted on the assessment plan.

**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:**

**(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.**

**FINDING:** Upon review of Resident A's February 2023 Medication Administration Record, I determined staff were administering the medication, Olanzapine 5 mg, with the instruction of "take one tablet by mouth twice daily as needed for agitation/anxiety" as though it was a "scheduled" medication. The licensee designee was unable to provide documentation showing he or staff initiated a review of the prolonged use of the medication with Resident A's prescribing physician, Resident A or Resident A's guardian, or Resident A's responsible agency, if applicable, as required.

**REPEAT VIOLATION ESTABLISHED  
[SEE RENEWAL LSR, DATED 03/02/2021, CAP DATED 03/08/2021]**

**R 400.14401          Environmental health.**

**(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.**



**FINDING:** The kitchen garage can was observed without a tightfitting lid, as required.

**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.**

**FINDING:** The bathroom located on the upper level had a broken light cover above the vanity.

The bedroom at the end of the hallway on the lower level was damaged from smoke and fire due to the resident residing in the room starting a fire. The room is currently uninhabitable; however, the licensee designee indicated during the inspection a company was coming out soon to start repairing the space.

**R 400.14403            Maintenance of premises.**

**(3) All living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.**

**FINDING:** The hallway lights in the facility's upper level were not functioning to create a well lighted space.

**R 400.14408            Bedrooms generally.**

**(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.**

**FINDING:** The bedroom located on the facility's upper level on the left side immediately past the bathroom had locking against egress hardware.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification, are recommended.

*Cathy Cushman*

02/17/2023

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Cathy Cushman  
Licensing Consultant

Date