



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 28, 2023

Andrew Akunne  
Joak American Homes, Inc.  
3879 Packard Road, Unit A  
Ann Arbor, MI 48108

RE: License #: AS820073736  
Investigation #: 2023A0121018  
Walker Street Home

Dear Mr. Akunne:

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,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and "R".

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820073736
<b>Investigation #:</b>	2023A0121018
<b>Complaint Receipt Date:</b>	02/06/2023
<b>Investigation Initiation Date:</b>	02/06/2023
<b>Report Due Date:</b>	04/07/2023
<b>Licensee Name:</b>	Joak American Homes, Inc.
<b>Licensee Address:</b>	Unit A 3879 Packard Road Ann Arbor, MI 48108
<b>Licensee Telephone #:</b>	(734) 973-7764
<b>Administrator:</b>	Andrew Akunne, Designee
<b>Name of Facility:</b>	Walker Street Home
<b>Facility Address:</b>	4646 Walker Wayne, MI 48184
<b>Facility Telephone #:</b>	(734) 641-2020
<b>Original Issuance Date:</b>	04/21/1997
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/19/2021
<b>Expiration Date:</b>	10/18/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Staff could not produce Resident Funds Part II upon request. The staff produced an unlabeled ziplock bag with cash money inside as proof of available resident funds.	Yes
Home was observed with at least one bed with no sheets or pillowcase and only a thin blanket.	Yes
Home was observed with a pillow that was stained yellow.	Yes
Additional Findings	Yes

**III. METHODOLOGY**

02/06/2023	Special Investigation Intake 2023A0121018
02/06/2023	Special Investigation Initiated - Telephone Call to Witness 1.
02/15/2023	Inspection Completed-BCAL Sub. Compliance Interviewed home manager, Theresa Chidume, Observed/Interviewed Resident A-F
02/16/2023	Referral - Recipient Rights
02/23/2023	Exit Conference Andrew Akunne

**ALLEGATION: Staff could not produce Resident Funds Part II upon request. The staff produced an unlabeled ziplock bag with cash money inside as proof of available resident funds.**

**INVESTIGATION:** On 2/6/23, I initiated the complaint with a call to Witness 1. Witness 1 reported she went to the home on or around 1/31/23 in the afternoon. Witness 1 stated she requested to see Resident Funds, but Home Manager, Theresa Chidume indicated the available forms were “not good” and “not accurate.” Witness 1 reported Ms. Chidume showed her a ziplock bag full of cash to verify the available funds.

On 2/15/23, I completed an unannounced onsite inspection at the facility. I requested to see all available Resident Funds, including cash on hand. I observed Resident B had no fund transactions recorded since 12/2/21. Ms. Chidume acknowledged she does make purchases against Resident B’s account, like clothes. Ms. Chidume also reported Resident B’s guardian sends \$100 monthly for his allowance. Resident D had no funds transactions recorded since 12/1/21. According to Ms. Chidume, the home does not manage Resident D’s allowance. Ms. Chidume reported Resident D’s guardian gives him allowance directly. However, there are no cost of care payments recorded to document payments made to the home for Resident D’s cost of care. The monthly rate is documented as \$907.50 on Resident D’s Resident Care Agreement. Resident F had no funds transactions recorded since 10/1/21. Ms. Chidume reported Resident F’s guardian also pays him allowance direct. There was no documentation available to review payments made to the home for Resident F’s monthly cost of care.

On 2/23/23, I completed an exit conference with licensee designee, Andrew Akunne. Mr. Akunne seemed surprised that resident funds were not current. Mr. Akunne will develop an acceptable corrective action plan to bring the records into compliance with the licensing rules.

<b>APPLICABLE RULE</b>	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</b>
<b>ANALYSIS:</b>	Resident Funds II forms are not current. There have been no transactions recorded since 2021. Payments have been made to the home since 2021.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Home was observed with at least one bed with no sheets or pillowcase and only a thin blanket.**

**INVESTIGATION:** Witness 1 reported seeing a resident bed without any bedding. Witness 1 said the bed only had a mattress on it and the mattress was draped in plastic. Although she could not disclose the bed’s owner, Witness 1 indicated the room was located across the hall from the bathroom. On 2/15/23, I checked the bedroom across the hall from bathroom. I observed Resident B’s bed with no flat sheet; there were 2 fitted sheets on his bed on the day of inspection. I also observed Resident C, D, and E had only fitted sheets on their beds. Upon inspecting the linen closet, I saw most sheet sets were mix-n-match with very few patterns or colors matching to complete a full sheet set. The linen closet lacked organization. The bedding was barely folded and crammed inside the closet. Ms. Chidume acknowledged Resident B had no linen on his bed a few days ago because it was “laundry day.” Ms. Chidume located 4 flat sheets to verify the home has adequate linen in accordance with the licensing rules. When I entered the dining room to review resident records, I observed a purple fitted sheet laid on one of the dining room chairs.

<b>APPLICABLE RULE</b>	
<b>R 400.14411</b>	<b>Linens.</b>
	<b>(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.</b>
<b>ANALYSIS:</b>	Observed 4 out of 6 beds without proper bedding. Inadequate bedding does not appear isolated because Witness 1 observed it on or around 1/31/23 and I observed something similar on 2/15/23.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Home was observed with a pillow that was stained yellow.**

**INVESTIGATION:** Witness 1 reported seeing a pillow belonging to a resident with yellow stains. Witness 1 indicated the pillow was uncovered, so the pillow itself was stained, not a pillow cover. On 2/15/23, Resident A told me he needs a new pillow. I asked Resident A how often pillows are replaced, and he replied, “They don’t change them.” I observed the current pillows being used by residents were worn and in need of replacement. I also observed just one extra pillow in the linen closet.

Therefore, it is safe to conclude, the home does not routinely change pillows for residents. Ms. Chidume did not produce additional pillows to dispute this finding.

<b>APPLICABLE RULE</b>	
<b>R 400.14411</b>	<b>Linens.</b>
	<b>(2) A licensee shall provide at least 1 standard bed pillow that is comfortable, clean, and in good condition for each resident bed.</b>
<b>ANALYSIS:</b>	<ul style="list-style-type: none"> <li>• The home lacked pillows in new or good condition for resident use.</li> <li>• I afforded the home manager the opportunity to demonstrate compliance with the rule requirements, however, Ms. Chidume was only able to show me one extra pillow.</li> </ul>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:** Upon reviewing resident funds, I requested to see all cash on hand. Ms. Chidume provided me with a zipper sealed plastic bag labeled with Resident C’s name on it, but she told me the money belonged to Resident B. When I brought the discrepancy to Ms.Chidume’s attention, she confirmed the money did indeed belong to Resident B. There was a total of \$2,321.75 available cash for Resident B. Resident E had \$368 available cash. Resident F had \$878 available cash. According to Ms. Chidume, Resident D maintains his own cash. It is unknown if Resident A and C have cash funds available. Ms. Chidume did not produce cash on hand for Resident A and C. Like the other residents, Resident A and C’s Resident Funds II were not updated, so I could not determine if they had funds available.

Ms. Chidume told me the main reason the residents have a lot of cash available is because they all stopped smoking, so she no longer buys them cigarettes by the carton. Ms. Chidume also explained the increase in funds, as the residents don’t go out much since the start of the pandemic. These two combined factors decreased resident spending per Ms. Chidume.

On 2/23/23, I completed an exit conference with Mr. Akunne. Mr. Akunne acknowledged he is aware the home cannot maintain more than \$200 cash on hand for each resident. Mr. Akunne indicated he was not aware that Ms. Chidume had large amounts of cash at the home.

<b>APPLICABLE RULE</b>	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.</b>
<b>ANALYSIS:</b>	Mr. Akunne has consistently maintained more than \$200 cash on hands for residents at the home.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

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

*K. Robinson*

3/24/23

Kara Robinson  
Licensing Consultant

Date

Approved By:

*A. Hunter*

3/28/23

Ardra Hunter  
Area Manager

Date