



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 14, 2023

Cosmas Ukandu  
Ozi Services, Inc.  
20115 Houghton Street  
Detroit, MI 48219

RE: License #: AS820257799  
**Melody Home**  
**17403 Prairie Street**  
**Detroit, MI 48221**

Dear Cosmas Ukandu:

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 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 (313) 456-0380.

Sincerely,

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

Regina Buchanan, Licensing Consultant  
Bureau of Community and Health Systems  
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**

<b>License #:</b>	AS820257799
<b>Licensee Name:</b>	Ozi Services, Inc.
<b>Licensee Address:</b>	20115 Houghton Street Detroit, MI 48219
<b>Licensee Telephone #:</b>	(248) 345-3662
<b>Licensee/Licensee Designee:</b>	Cosmas Ukandu
<b>Administrator:</b>	Ngozi Ukandu
<b>Name of Facility:</b>	Melody Home
<b>Facility Address:</b>	17403 Prairie Street Detroit, MI 48221
<b>Facility Telephone #:</b>	(248) 345-3662
<b>Original Issuance Date:</b>	03/26/2004
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/12/2023

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 0

No. of others interviewed 0 Role: N/A

- 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.  
Residents were not home
- 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 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.**

When the smoke alarm on the 2<sup>nd</sup> floor was set off, the basement alarm did not activate.

**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.**

Fire drills were not completed as required. During the time period of August 2023 through September 2022, there were 5 sleeping hour drills, 3 daytime drills, and 3 evening drills.

**REPEAT VIOLATION {RENEWAL INSPECTION 03/21/2019}**

**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.**

The licensee designee, Cosmas Ukandu, failed to complete the required annual training hours.

**REPEAT VIOLATION {RENEWAL INSPECTION 03/12/2021 and 03/21/2019}**

**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.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

Staff, Chidozie Chinemelu, did not have on file verification of an annual health review.

**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.**

Resident A was admitted to the home on 04/04/2023 and his assessment plan was dated for 03/13/2023.

**REPEAT VIOLATION {RENEWAL INSPECTION 03/12/2021 and 03/21/2019}**

**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.**

Resident A was admitted to the home on 04/04/2023 and his resident care agreement was dated for 03/13/2023.

**REPEAT VIOLATION {RENEWAL INSPECTION 03/12/2021 and 03/21/2019}**

**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.**

Bedroom #2 had missing dresser drawers.  
The handrail surrounding the front porch was loose.

**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.**

Bedroom #2 was equipped with locking against egress hardware.

**R 400.14506 Fire extinguishers; location, examination, and maintenance.**

**(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.**

The 2<sup>nd</sup> floor was not equipped with a fire extinguisher. Staff admitted to removing it and replaced it during this inspection.

**R 400.14507      Means of egress generally.**

**(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.**

The rear egress screen door was equipped with locking against egress hardware.

**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.

**REPEAT VIOLATION {RENEWAL INSPECTION 03/12/2021}**

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



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Regina Buchanan  
Licensing Consultant

09/14/2023  
Date