



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

August 16, 2023

Regina Amadi  
Platinum Care, Inc.  
3129 Golfview Drive  
Saline, MI 48176

RE: License #: AS820297237  
**Syracuse TLC**  
**31415 Conway Drive**  
**Westland, MI 48185**

Dear Ms. Amadi:

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, appearing to read "D. 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 #:** AS820297237

**Licensee Name:** Platinum Care, Inc.

**Licensee Address:** 3129 Golfview Drive  
Saline, MI 48176

**Licensee Telephone #:** (734) 330-3262

**Licensee/Licensee Designee:** Regina Amadi

**Administrator:** Kingsley Amadi

**Name of Facility:** Syracuse TLC

**Facility Address:** 31415 Conway Drive  
Westland, MI 48185

**Facility Telephone #:** (248) 941-1140

**Original Issuance Date:** 01/12/2009

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/01/2023

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 0  
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.  
All residents were at program at the time of inspection.
- 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:  
08/30/2021 R 400.14203 (1), R 400.14208 (1), R 400.14315 (3), R 400.14401 (2)
- R 400.14403 (1), R 400.14505 (4). 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 330.1806                      Staffing levels and qualifications.**

**(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all of the following areas:**

**(a) An introduction to community residential services and the role of direct care staff.**

**(b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.**

**(c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.**

**(d) Basic first aid and cardiopulmonary resuscitation**

**(e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.**

**(f) Preventing, preparing for, and responding to environmental emergencies, for example, power failures, fires, and tornados.**

**(g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.**

**(h) Non-aversive techniques for the prevention and treatment of challenging behavior of clients.**

At the time of inspection direct care staff Kiana Amadi, employee file did not contain verification of proper precautions and procedures for administering prescriptive and nonprescriptive medications.

**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.**

At the time of inspection, Kingsley Amadi, administrator failed to provide verification of successfully completing, 16 hours of training and/or 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.

**\*REPEAT VIOLATION ESTABLISHED\* LSR DATED 8/23/2021; CAP DATED 8/30/2021.**

**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.

At the time of inspection direct care staff Kiana Amadi, employee file did not contain a statement signed by a licensed physician or his or her designee attesting to the knowledge of her physical health within 30 days of employment.

**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.

At the time of inspection direct care staff Kiana Amadi, employee file did not contain verification of her annual physical 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.

At the time of inspection, Residents A and B's written assessment plans were not signed by the resident's designated representative.

- Resident A's 2022 or 2023 assessment plan.
- Resident B's 2022 assessment plan.

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of inspection, Residents A and B's written resident care agreement were not signed by the resident's designated representative.

- Resident A's 2022 or 2023 assessment plan.
- Resident B's 2022 assessment plan.

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection, emergency and evacuation procedures were not completed during daytime, evening, and sleeping hours at least once per quarter.

- There was no evening drill in 2021, 3<sup>rd</sup> quarter.
- There was no sleep drill in 2021, 4<sup>th</sup> quarter.
- There was no evening drill 2022, 2<sup>nd</sup> quarter.

**R 400.14403            Maintenance of premises.**

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

At the time of inspection, the stairway at the front means of egress was not equipped with handrails on the open sides.

**IV. RECOMMENDATION**

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



08/16/2023

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Denasha Walker  
Licensing Consultant

Date