



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 30, 2023

Immaculata Nwachukwu  
Friman Homes Inc  
Suite A-7  
42000 Koppernick Road  
Canton, MI 48187

RE: License #: AS820069046  
**Park Street Home**  
**35638 Park**  
**Wayne, MI 48184**

Dear Immaculata Nwachukwu:

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 a Statement of Correction.

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 that reads 'Regina Buchanan'.

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**

**License #:** AS820069046

**Licensee Name:** Friman Homes Inc

**Licensee Address:** 8281 Barrington Drive  
Ypsilanti, MI 48198

**Licensee Telephone #:** (734) 254-0092

**Licensee/Licensee Designee:** Immaculata Nwachukwu

**Administrator:** Immaculata Nwachukwu

**Name of Facility:** Park Street Home

**Facility Address:** 35638 Park  
Wayne, MI 48184

**Facility Telephone #:** (734) 254-0092

**Original Issuance Date:** 12/28/1995

**Capacity:** 6

**Program Type:** MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/27/2023

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

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 had already eaten
- 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:  
11/19/2021 Rules:  
205(3),202(5),208(1),301(4),301(6),315(3),401(2),505(6),403(1) 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.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

Resident A was admitted to the home on 06/29/2022 and an evacuation assessment was not done within 30 days of admission.

#### **REPEAT VIOLATION {RENEWAL INSPECTION 11/07/2019}**

**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, Josephine Okoye, started working in the home on 06/02/2021 and did not have on file updated physical health statements or annual health reviews.

**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's assessment plan was not completed at admission. She was admitted to the home on 06/29/2022 and her assessment plan was completed on 08/22/2022 and was not signed by the guardian.

**REPEAT VIOLATION {RENEWAL INSPECTION 11/18/2021 and 11/07/2019}**

**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's resident care agreements dated for 01/16/2023 and 06/29/2022 were not signed by the guardian.

**REPEAT VIOLATION {RENEWAL INSPECTION 11/18/2021}**

**R 400.14310 Resident health care.**

**(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.**

Resident A's weight was not recorded prior to 01/04/2023.

**REPEAT VIOLATION {RENEWAL INSPECTION 11/07/2019}**

**R 400.14312 Resident medications.**

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

Resident A's Divalproex was not in the pharmacy supplied container but was spilled out in the storage container her medications are kept in.

**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.**

Blank spaces were observed on Resident A's medication log for 10/12/023 in which staff did not initial to verify administration. There was also no documentation to explain the blanks. Medications were initialed as being administered on 06/31/2023 although there were only 30 days in June. Medication logs for the months July 2023 and August 2023 were missing and not available for review.

**REPEAT VIOLATION {RENEWAL INSPECTION 11/07/2019}**

**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.**

Locking against egress hardware was installed on the front and rear egress doors.

The knob for the right rear burner on the stove was missing.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



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Regina Buchanan  
Licensing Consultant

10/30/2023  
Date