



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 6, 2023

Josephine Uwazurike
ADA Homes, Inc.
P O Box 4199
Southfield, MI 48037

RE: License #: AS820379138
Westland III
4761 Westland
Dearborn, MI 48126

Dear Ms. Uwazurike:

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

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

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

I. IDENTIFYING INFORMATION

License #: AS820379138

Licensee Name: ADA Homes, Inc.

Licensee Address: #200
23999 Northwestern Hwy.
Southfield, MI 48075

Licensee Telephone #: (248) 569-1040

Licensee/Licensee Designee: Josephine Uwazurike, Designee

Administrator: Josephine Uwazurike

Name of Facility: Westland III

Facility Address: 4761 Westland
Dearborn, MI 48126

Facility Telephone #: (313) 429-9499

Original Issuance Date: 11/21/2016

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/03/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 02

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Residents were asleep most of the time.
- 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.
- 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:
2021: 401(5), 401(8), 301(10), 301(4), 315(13), 311(1)(b), 803(3), 105(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:

MCL 400.734b **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency. If the department of state police or the federal bureau of investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. The adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history

record information on the individual maintained by the department of state police.

Direct care worker, Gospel Okereke was hired to work at the facility on 9/24/20; he has no verification of criminal history check in his employee file (no proof of FBI fingerprint check completed).

The licensee indicated a background check was completed, but the results were mistakenly omitted from the employee file. To date, the licensee has not provided proof of these results to the department.

R 330.1806 Staffing levels and qualifications.

(1) Staffing levels shall be sufficient to implement the individual plans of service and plans of service shall be implemented for individuals residing in the facility.

Resident A's last IPOS from Neighborhood Service Organization is dated 10/16/21. The Manager reported the supports coordinator hasn't been out to the home in a long time.

Resident B's last IPOS from Community Living Services is dated 9/30/22. The Manager reported his pre-planning meeting was recently conducted, but to date, the supports coordinator has not provided the home with a copy of the updated plan.

Technical assistance provided. The home cannot sufficiently implement the individual plans of service without a written plan to know what is required.

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

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A's most recent health care appraisals are dated 1/25/20 and 2/1/23; therefore, the licensee did not ensure the resident completed annual health care appraisals.

This is a **REPEAT VIOLATION**; See 2021 Renewal LSR. Ms. Uwazurike submitted an approved plan of correction; however to date, the plan has not been successfully implemented. Continued noncompliance may result in modification of the license.

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

(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:

(b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.

Resident B is completely immobile. He requires the regular use of a wheelchair. However, Ms. Uwazurike acknowledged Resident B currently does not have a wheelchair. Ms. Uwazurike explained Resident B requires a custom wheelchair because his posture does not allow him to sit upright. Ms. Uwazurike further explained Resident B received a standard wheelchair approximately 5 years ago; his insurance company won't authorize payment for a new wheelchair until he reaches the 5-year mark. Ms. Uwazurike indicated Resident B will be eligible for a new wheelchair January 2024. Staff currently use a Hoyer-lift to transfer Resident B in and out of bed, as needed.

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

No authorization on file for Resident A's wheelchair.

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.

Observed resident medication was not signed out as having been administered on the following dates and times:

- Resident A's Seroquel 100MG tab was not signed out at 4:00 PM on 10/10/22, 10/14/22, and 10/17/22; Phenobarbital 64.8MG tab was not signed out at 7:00 AM on 10/8/22 or 2:00pm on 2/27/23.
- Resident B's Phenobarbital 64.8MG tab was not signed out at midnight on 2/24/23 or 4:00 PM on 8/28/23; Risperdal 1MG PO tab at 7:00 PM on 2/24/23; Keppra at 7:00 PM on 2/4/23.

R 400.14315 Handling of resident funds and valuables.

(13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust, or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.

Observed Resident Funds Part II do not provide a complete accounting of resident fund transactions. The calculations are inaccurate. Resident balances do not add up. The licensee does not document the actual dollar amount received on the resident's behalf for their cost of care. Resident A's guardian pays 50 cents extra each month, giving her a current year-end balance of \$7.00. Ms. Uwazurike was not aware money is owed to the resident because the balance does not reflect the overpayments. Ms. Uwazurike acknowledged the designated person who completes these financial records made numerous errors.

This is a **REPEAT VIOLATION**; See 2021 Renewal LSR. Ms. Uwazurike submitted an approved plan of correction; however to date, the plan has not been successfully implemented. Continued noncompliance may result in modification of the license.

IV. RECOMMENDATION

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



11/06/23

Kara Robinson
Licensing Consultant

Date