



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 14, 2023

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

RE: License #: AS820080100  
**Inkster Road Joak Home**  
**3838 Inkster Road**  
**Inkster, MI 48141**

Dear Mr. Akunne:

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 cursive script, appearing to read "Denasha 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 #:** AS820080100

**Licensee Name:** Joak American Homes, Inc.

**Licensee Address:** Unit A  
3879 Packard Road  
Ann Arbor, MI 48108

**Licensee Telephone #:** (734) 973-7764

**Licensee/Licensee Designee:** Andrew Akunne

**Administrator:** Andrew Akunne

**Name of Facility:** Inkster Road Joak Home

**Facility Address:** 3838 Inkster Road  
Inkster, MI 48141

**Facility Telephone #:** (313) 561-7505

**Original Issuance Date:** 03/02/1998

**Capacity:** 6

**Program Type:** MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/14/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Area Manager

- 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.  
No meals were prepared, there were no residents in the home 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:  
CAP Dated 11/23/2021 R330.1803 (6), R400.14203 (1), R400.14301 (4),  
R400.14301 (9), R400.14401 (5), R400.14403 (1), R400.14403 (11),  
R400.14403 (2), R400.14503 (3), 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 400.14315            Handling of resident funds and valuables.**

(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.

At the time of inspection, Resident A's resident file did not contain a completed funds and valuable transaction from 08/09/2023 through 01/01/2023.

**R 400.14403            Maintenance of premises.**

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

At the time of inspection, the West wall in the kitchen was unfinished and the drywall was exposed.

**R 400.14403            Maintenance of premises.**

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

At the time of inspection, the plumbing fixtures under the kitchen sink was leaking and not maintained in good working condition.

#### IV. RECOMMENDATION

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

A handwritten signature in black ink, appearing to be 'AWW', is written above a horizontal line.

11/14/2023

Date

Licensing Consultant