



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 21, 2023

Pia Scott  
Mack Adult Foster Care Home Inc  
849 E Grand Blvd  
Detroit, MI 482072551

RE: License #: AL820070263  
Investigation #: 2024A0992001  
Mack Adult Foster Care Home

Dear Mrs. Scott:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Denasha Walker', with a stylized, cursive script.

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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL820070263
<b>Investigation #:</b>	2024A0992001
<b>Complaint Receipt Date:</b>	09/28/2023
<b>Investigation Initiation Date:</b>	09/28/2023
<b>Report Due Date:</b>	11/27/2023
<b>Licensee Name:</b>	Mack Adult Foster Care Home Inc
<b>Licensee Address:</b>	849 E Grand Blvd Detroit, MI 482072551
<b>Licensee Telephone #:</b>	(313) 925-7289
<b>Administrator:</b>	Latifah Jones
<b>Licensee Designee:</b>	Pia Scott
<b>Name of Facility:</b>	Mack Adult Foster Care Home
<b>Facility Address:</b>	849 E. Grand Boulevard Detroit, MI 48207-2551
<b>Facility Telephone #:</b>	(313) 925-7289
<b>Original Issuance Date:</b>	02/28/1996
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/04/2022
<b>Expiration Date:</b>	04/03/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	Violation Established?
It was reported that there are 10 dogs, multiple cats, and feces all throughout the facility. There are gnats/flies/bugs flying around the facility and an odorous smell permeating throughout.	Yes
Additional Findings	Yes

## III. METHODOLOGY

09/28/2023	Special Investigation Intake 2024A0992001
09/28/2023	Special Investigation Initiated - Telephone Larry Dewatcher, Fire Marshall
09/29/2023	Inspection Completed On-site Latifah Jones, Administrator/Home Manager; Ashley Grills, direct care staff; Residents A, D, F, H, and I
09/29/2023	Contact - Telephone call received Pia Scott, licensee designee
09/29/2023	Contact - Telephone call made Tom Lyons, Fire and Safety Inspector
09/29/2023	APS Referral
10/03/2023	Contact - Telephone call made Zoe Manolakas, Resident B and J's guardian with Guardian Care.
10/03/2023	Contact - Telephone call made Kijuana Evans, Resident D and E's guardian with Guardian and Associates.
10/03/2023	Contact - Telephone call made Portia Lule, Resident C and F's guardian with Family Care Helpers.
10/03/2023	Contact - Document Received Resident A, B, D – L's health care appraisals and assessment plans
10/03/2023	Contact - Document Received

	Pest control verification
10/24/2023	Contact - Telephone call received Ms. Scott (email)
10/24/2023	Contact - Document Received Residents C's health care appraisal and assessment plan
10/25/2023	Exit Conference Ms. Scott
11/21/2023	Exit Conference Ms. Scott

**ALLEGATION:** It was reported that there are 10 dogs, multiple cats, and feces all throughout the facility. There are gnats/flies/bugs flying around the facility and an odorous smell permeating throughout.

**INVESTIGATION:** On 09/28/2023, I contacted Larry Dewatcher, Fire Marshall regarding the reported allegation. Mr. Dewatcher made me aware that while Tom Lyons, fire safety inspector was at the facility there were several dogs/cats and other housekeeping concerns. Mr. Dewatcher provided me with Mr. Lyons contact information.

On 09/29/2023, I completed an unannounced on-site inspection. I attempted to interview Ashley Grills, direct care staff regarding the allegations. Ms. Grills was very brief, she denied the allegation and said she was going to get Latifah Jones, homeowner. While Ms. Grills went to get Ms. Jones, I noticed there were a significant amount of flies/gnats in the dining area. Resident A was eating, and flies were flying near him and his food. I asked him if the flies bother him and he said yes, He said it has been like this for a while, referring to the extensive amount of flies. I also observed medication sitting out on the table. The medication did not contain labels. Ms. Jones entered the area and identified herself as the Administrator/Homeowner. I proceeded to interview her regarding the allegation, which she denied. Ms. Jones said she is also live-in staff, and she has one dog that remains in her area. She said currently she is dog-sitting for her daughter while she is out of town, so there are two dogs in the home, in her area. I referenced the flies/gnats that were flying in my face, on the wall, the ceiling, on the table and near Resident A. Ms. Jones said Orkin is coming out today to treat the home. She also pointed to a fly zapper that was on the table and said she uses it to help get rid of the flies as well. Ms. Jones pointed to the trash can that was sitting nearby and said the trash needs to go out, which also contributes to the flies. As Ms. Jones moved the trash bag to gather the trash, a swarm of flies came out of the trash can. The trash can was full to the brim, and it was not covered with a tight-fitting lid. I

referenced the medication that was sitting on the table. Ms. Jones said the medication belongs to her. I explained that all medication needs to be safeguarded and not accessible to the residents. I requested Ms. Jones provide me with a tour of the home, which she agreed. As I walked up the stairs, I noticed the handrail is not securely attached to the wall. There are also floor tiles missing throughout the home, including in the hallways and the resident bedrooms, the subfloor is exposed. The walls were heavily stained and dirty. The home was dusty throughout. Resident A's (bedroom #8) walls were patched, partially painted and unfinished. and there was a hole in the wall. Resident D's (bedroom #3) base board heating was not properly shielded to protect against burns. I made Ms. Jones aware, and she said maintenance will be notified. Resident D's sheets were dingy and stained. I asked Ms. Jones how often the staff does the resident's laundry including linen, and she said weekly. There are two bathrooms located on the second floor, one is not in-service and the door on the other bathroom is not equipped with a doorknob. The door was ajar while a resident was using the bathroom. Resident K's mattress (bedroom #9) was on the floor; Ms. Jones said he put his mattress on the floor. There was no linen on the mattress and the mattress was filthy and heavily soiled, there were cigarette butts on the floor. Resident J's (bedroom #7) door frame was unfinished, his blinds were dirty and broken, the bedroom walls were filthy. The utility door was off the hinges and propped against the wall. Ms. Jones escorted me back to entrance, I asked to observe the office area. As Ms. Jones escorted me to the office, she explained that the office area is in her living quarters. The door was locked, she proceeded to knock, and Ms. Grills opened the door. As I walked through the office area there was a strong smell of urine permeating throughout. Three small dogs ran towards me. I observed a training pad on the floor with feces and urine on it. Ms. Jones advise me to be calm as the dogs circled my feet and she escorted me out of the area. I asked Ms. Jones how many residents are admitted into the home at this time, and she was uncertain. I asked for a copy of the resident register. The resident register did not contain all the residents in the home; Residents I, J, K and L were not listed on the resident register. I requested the contact information for all the residents that have guardians, which she provided. I explained to Ms. Jones as the administrator she is responsible for the daily activity of the home and based on the condition of the home, there are multiple violations. I made her aware that I will contact Pia Scott, licensee designee, to further discuss the allegation.

On 09/29/2023, I received a call from Ms. Scott; I interviewed her regarding the allegation. Ms. Scott said she is aware Ms. Jones has a dog and is dog sitting for her daughter. I made her aware that the housing conditions are awful, and further explained what I observed. Ms. Scott said it has been a collective effort amongst the staff to keep the house clean. She said there are ongoing issues with the residents smoking in the home. I made her aware in addition to the lack of cleanliness there are a lot of maintenance issues including exposed base board heating, unfinished walls, missing tiles, inoperable bathroom etc. I also mentioned the significant amount of flies/gnats in the dining area; she said Orkin is coming out to address that issue. I requested a copy of the Orkin invoice to verify services are in place, I requested a

copy of all the resident's health care appraisals and assessment plans to make sure they do not have any health issues/needs that are exacerbated by the conditions of the home. Ms. Scott agreed to provide me with the requested documentation.

On 09/29/2023, I contacted Mr. Lyons and interviewed him regarding the allegation. Mr. Lyons said while onsite conducting a fire safety inspection, he observed multiple dogs and puppies in the facilities. He said there were also one or two cats, gnats/flies/bugs flying around the facility, and an odorous smell permeating throughout. As far as the fire safety inspection, he said the fire alarm control panel was reading "trouble." He said he was notified that the panel was serviced and needs to be replaced.

On 10/03/2023, I contacted Zoe Manolakas, Resident B and J's guardian with Guardian Care. I made her aware of the allegation. Ms. Manolakas said contact was made with both residents on 07/21/2023 by a representative from Guardian Care. She said according to the notes, the home was clean, there was sufficient food in the home and the residents appeared to be clean. Ms. Manolakas said she did receive a call from Ms. Jones requesting she sign Resident B and J's assessment plan and she sent over the signature page. Ms. Manolakas said she refused to sign the document without receiving the entire assessment plan, not just the signature page. Ms. Manolakas agreed to follow-up with Resident B and J regarding the reported allegation.

On 10/03/2023, I contacted Kijuana Evans, Resident D and E's guardian with Guardian and Associates. I made her aware of the allegation. Ms. Evans said she has never been out to the home because home visits are done by another representative from Guardian and Associates. However, she said contact was made with both residents on 08/08/2023. Ms. Evans said according to the notes, there were no concerns regarding the housing conditions. Ms. Evans said Resident E is currently looking at apartments, she anticipates moving soon. As for Resident D, Ms. Evans said she will follow-up with the home regarding the reported allegation.

On 10/03/2023, I contacted Portia Lyle, Resident C and F's guardian with Family Care Helpers. I made her aware of the allegation. Ms. Lyle said she has not been out to the home in over two years. However, she said a representative from Family Care Helpers conduct the home visits. Ms. Lyle was uncertain the last time face-to-face contact was made with either resident. Ms. Lyle said she is currently on bedrest but would have a representative from Family Care Helpers follow-up regarding the reported allegation.

On 10/03/2023, I received a service report on Orkin letterhead confirming the pest control program. The home was treated on 09/29/2023.

On 10/03/2023, I received Resident A, B, D – L's health care appraisal and assessment plan. The health care appraisals and/or assessment plans did not contain any notes or instructions from the physicians that would indicate the home

conditions are affecting their diagnosis. Residents B and F's assessment plan was not signed by their guardian. Resident F's health care appraisal was not current; her last health care appraisal was dated 3/17/2022.

On 10/24/2023, I made contact with Ms. Scott regarding Resident C's health care appraisal and assessment plan. She said Resident C's health care appraisal was initially sent on 10/03/2023, but she agreed to resend the requested document.

On 10/24/2023, I received Resident C's health care appraisal and assessment plan. The health care appraisal and/or assessment plan did not contain any notes or instructions from the physician that would indicate the home conditions are affecting her diagnosis.

On 10/25/2023, I completed an exit conference with Ms. Scott and made her aware of the findings. I explained that due to the violations identified in the report, a written corrective action plan is required within 15 days from the date of this report. I also made Ms. Scott aware that I am recommending a six-month provisional license. I further stated that if she does not contest the issuance of a provisional license, she must indicate so in writing, which may be included in the corrective action plan or in a separate document. I also explained that if she does contest the issuance of a provisional license, she must notify this department in writing and an administrative hearing will be scheduled. I explained that if she does contest the issuance of a provisional license, she must still submit an acceptable corrective action plan. Ms. Scott said she is willing to accept the provisional license and she is going to comply and bring the home into compliance. Ms. Scott said she will review the report and complete the corrective action plan as required. Ms. Scott denied having any questions or concerns.

On 11/21/2023, follow-up contact was made with Ms. Scott regarding the pest control issue. I made Ms. Scott aware that the based on the substantial amount of flies/gnats in the home, there is evidence that she was negligent with addressing the issue and maintaining a pest control program as necessary to continually protects the health of residents. Ms. Scott said currently Orkin is scheduled to treat the home monthly and she will make sure she submit maintain monthly invoices.

<b>APPLICABLE RULE</b>	
<b>R 400.15401</b>	<b>Environmental health.</b>
	<b>(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.</b>

<b>ANALYSIS:</b>	<p>During this investigation, I interviewed Pia Scott, licensee designee; Latifah Jones, administrator/home manager; April Grills, direct care staff; Larry Dewatcher, fire marshal supervisor; Tom Lyons, fire safety inspector; Zoe Manolakas, Resident B and J's guardian with Guardian Care; Kijuana Evans, Resident D and E's guardian with Guardian and Associates; Portia Lyle, Resident C and F's guardian with Family Care Helpers and Resident A regarding the allegation. Ms. Manolakas, Ms. Evans and Ms. Lyles denied having any knowledge of the reported allegation. Ms. Jones, Mr. Dewatcher, Mr. Lyons and Resident A confirmed the allegation.</p> <p>I completed an onsite inspection on 09/29/2023, I observed a significant amount of flies/gnats in the dining area. There were flies/gnats flying around Resident A as he was eating.</p> <p>On 10/03/2023, I received a service report on Orkin letterhead confirming the pest control program on a monthly basis. However, based on the substantial amount of flies/gnats in the home, it appears as the licensee was negligent with addressing the issue and maintaining a pest control program as necessary to continually protects the health of residents.</p> <p>Based on the investigative findings there is sufficient evidence to support the allegations.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>

<b>ANALYSIS:</b>	<p>I completed an onsite inspection on 09/29/2023 and observed three small dogs and a training pad on the floor with feces and urine on it. There was a strong smell of urine permeating throughout the area.</p> <p>Based on the investigative findings there is sufficient evidence to support the allegations. The home was not arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

### **ADDITIONAL FINDINGS:**

**INVESTIGATION:** On 09/29/2023, I completed an unannounced onsite inspection. I observed medication sitting out on the table, unsecured; the medication did not contain labels. The trash can was full to the brim, and it was not covered with a tight-fitting lid. The handrail is not securely attached to the wall. There are also floor tiles missing throughout the home, including in the hallways and the resident bedrooms, the subfloor is exposed. The walls were heavily stained and dirty. The home was dusty throughout. Resident A's (bedroom #8) walls were unfinished and there was a hole in the wall. Resident D's (bedroom #3) base board heating was not properly shielded to protect against burns. Resident D's sheets were dingy and stained. I asked Ms. Jones how often the staff does the resident's laundry including linen, and she said weekly. There are two bathrooms located on the second floor, one is not in-service and the door on the other bathroom is not equipped with a doorknob. The door was ajar while a resident was using the bathroom. Resident K's mattress (bedroom #9) was on the floor; Ms. Jones said he put his mattress on the floor. There was no linen on the mattress and the mattress was filthy heavily stained, there were cigarette butts on the floor. Resident J's (bedroom #7) the doorframe was partially complete, his blinds were dirty and broken, the bedroom walls were filthy. The door to the utility room was off the hinges and propped against the wall. The resident register did not contain all the residents in the home; Residents I, J, K and L were not listed on the resident register. I reviewed Resident B and F's assessment plan; the assessment plans were not signed by their guardian. Resident F's health care appraisal was not current; her last health care appraisal was dated 3/17/2022.

<b>APPLICABLE RULE</b>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<b>(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and</b>

	<b>shall be removed from the home daily and from the premises at least weekly.</b>
<b>ANALYSIS:</b>	At the time of inspection, the trash can was not covered with a tight-fitting lid.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15210</b>	<b>Resident register.</b>
	<b>A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:</b> <b>(a) Date of admission.</b> <b>(b) Date of discharge.</b> <b>(c) Place and address to which the resident moved, if known.</b>
<b>ANALYSIS:</b>	At the time of inspection, the resident register did not contain all the residents admitted in the home. Residents I, J, K and L were not listed on the resident register.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(14) Hot water pipes and steam radiators that are located in resident occupied areas shall be shielded to protect against burns.</b>
<b>ANALYSIS:</b>	At the time of inspection, Resident D's (bedroom #3) baseboard heating was not properly shielded to protect against burns.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</b>
<b>ANALYSIS:</b>	At the time of inspection, the walls were very dirty and dusty throughout. Resident K's mattress (bedroom #9) was on the floor. The mattress was filthy and heavily stained, there were cigarette butts on the floor. Resident J's (bedroom #7) the door frame was partially complete, his blinds were dirty and broken, the bedroom walls were filthy.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.</b>
<b>ANALYSIS:</b>	At the time of inspection, floor tiles were missing throughout the home, including in the hallways and the resident bedrooms; the subfloor is exposed. Resident A's (bedroom #8) walls were patched, partially painted and unfinished; there was a hole in the wall. Resident J's (bedroom #7) bedroom walls were dirty.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	At the time of inspection, the handrail in the stairway was not securely attached to the wall.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15407</b>	<b>Bathrooms.</b>
	<b>(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.</b>
<b>ANALYSIS:</b>	At the time of inspection, the bathroom door was not equipped with a doorknob. The door was ajar while a resident was using the bathroom.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15411</b>	<b>Linens.</b>
	<b>(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.</b>
<b>ANALYSIS:</b>	At the time of inspection, Resident K's mattress (bedroom #9) did not have linen and Resident D's sheets were dingy and soiled.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	At the time of inspection, Resident F's health care appraisal was not current; her last health care appraisal was dated 3/17/2022.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	At the time of inspection, Residents B and F's assessment plans were not signed by their guardian.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	At the time of inspection, I observed medication sitting out on the table, unsecured; the medication did not contain labels.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, I recommend the issuance of a provisional license.



11/14/2023

Denasha Walker  
Licensing Consultant

Date

Approved By:



11/14/2023

Ardra Hunter  
Area Manager

Date