GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 8, 2024

Chinyelu Anwunah
Gracious Hands Services, LLC
46908 Wareham Dr.
Canton, MI 48187

RE: License #: AS820383000
Investigation #: 2024A0778010
Grace Gardens

Dear Ms Anwunah:

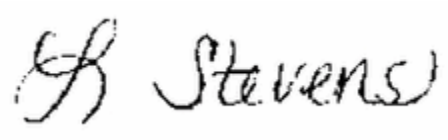
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

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. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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,



LaKeitha Stevens, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3055

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820383000
Investigation #:	2024A0778010
Complaint Receipt Date:	12/11/2023
Investigation Initiation Date:	12/13/2023
Report Due Date:	02/09/2024
Licensee Name:	Gracious Hands Services, LLC
Licensee Address:	46908 Wareham Dr. Canton, MI 48187
Licensee Telephone #:	(313) 408-3227
Administrator:	Chinyelu Anwunah
Licensee Designee:	Chinyelu Anwunah
Name of Facility:	Grace Gardens
Facility Address:	6573 Deering Street Garden City, MI 48135
Facility Telephone #:	(313) 408-3227
Original Issuance Date:	11/29/2017
License Status:	REGULAR
Effective Date:	03/04/2023
Expiration Date:	03/03/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED

II. ALLEGATION(S)

	Violation Established?
Residents are afraid of another resident because she is violent and verbally abusive toward them.	Yes
Residents are not getting their medications.	Yes
Additional Findings	Yes

III. METHODOLOGY

12/11/2023	Special Investigation Intake 2024A0778010
12/11/2023	APS Referral referral received.
12/11/2023	Referral - Recipient Rights Referral received.
12/13/2023	Special Investigation Initiated - On Site
12/14/2023	Exit Conference Chinyelu Anwunah, licensee designee
12/14/2023	Inspection Completed-BCAL Sub. Compliance
01/24/2023	Contact made- Telephone call made to Chinyelu Anwunah

ALLEGATION: Residents are afraid of another resident because she is violent and verbally abusive toward them.

INVESTIGATION: On 12/13/2023, I completed an unannounced onsite inspection. I interviewed staff Mbanlougbe Samgara and Residents B and C. Both residents indicate Resident A is aggressive toward staff and the residents of the facility. They stated she fights and curses at them and staff. According to Residents B and C, staff attempt to redirect Resident A but she does not listen to them. They stated Resident A also steals and damages the property of others. Residents B and C indicate being afraid of Resident A. Staff Ms. Samgara stated the residents are correct. She indicated Resident A is very aggressive toward staff and residents. According to Resident A's Individual Plan of Service (IPOS) from Lincoln Behavioral Health; AFC

Home is to teach/coach Resident A stress management and document the techniques/interventions used in progress notes.

On 01/24/2024, I made a telephone call to the licensee designee requesting documentation of techniques provided to Resident A as stated in Resident A's IPOS. To date, the licensee designee has not been able to provide that information.

APPLICABLE RULE	
R 400.14305	**Resident protection.**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	The residents of the home are not being safeguarded and protected. Resident A is aggressive toward the residents and steals property. The residents of the facility are afraid of Resident A. According to Resident A's Individual Plan of Service staff are to teach Resident A stress management techniques and interventions. This information was to be documented in progress notes. To date, there is no documentation of staff adhering to this.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Residents are not getting their medications.

INVESTIGATION: On 12/13/2023, During my onsite inspection I observed medication on hand and the medication log. I observed several medication errors on the log. On numerous dates staff did not initial to verify administration of medication. Resident A's Benztropine and Fluphenazine HCL were not initialed as administered 2023- December 1-5, 9-11. Resident C's Cogentin, Prolixin, Zyprexa, Lipitor, Wellbutrin, Celexa, Aldactone and Metformin were not initialed as administered in 2023- December 2, 3, 8 and 9. Resident D's Zestril and Fish Oil were not initialed in 2023- December 1-2 and 6-7. Resident E's Paxil, Clozaril and Depakote ER were not initialed as administered in 2023- December 3.

APPLICABLE RULE	
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.**
ANALYSIS:	At the time of inspection medication log did not have initials of staff to verify administration of medication to the residents on numerous dates in December 2023.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION: On 12/13/2023, During my onsite inspection I observed the resident register to have 7 residents. In addition, the facility was equipped with 7 beds. The facility is licensed for a maximum of 6 residents.

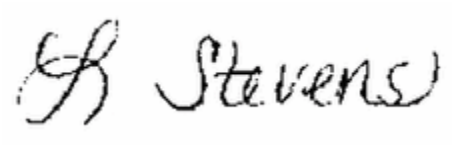
On 12/14/2023, I completed a telephone exit conference with Chinyelu Anwunah, licensee designee. She was made aware of all the violations. Ms. Anwunah stated she is in the process of requesting an emergency discharge for Resident A. She also stated she is aware of being over capacity but was attempting to assist a resident from another home. According to the licensee designee, Resident G was admitted to the facility in September 2023, at that time placing the facility over capacity. The licensee designee indicated it was not her intention to remain over capacity. She stated she hoped to have Resident A replaced via emergency discharge. However, placement had not been identified for her. I informed the licensee designee she needed to immediately come within her capacity.

APPLICABLE RULE	
R 400.14105	**Licensed capacity.**
	(1) The number of residents cared for in a home and the number of **resident beds shall not be more than the capacity that is authorized by the license.**

ANALYSIS:	The facility is equipped with 7 beds and has a total of 7 residents since September 2023. The license capacity for the home is 6.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon submission of an acceptable corrective action plan, I recommend this complaint is closed and the status of the license remain unchanged.



02/08/2024

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LaKeitha Stevens Date
Licensing Consultant

Approved By:

02/08/2024

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Ardra Hunter Date
Area Manager