



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 28, 2024

Annett Uduji  
Hirah Health System Inc.  
4149 Eastlawn Ave.  
Wayne, MI 48184

RE: License #: AS820317625  
Investigation #: 2024A0101013  
Central Group Home

Dear Mrs Uduji:

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,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-1934

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820317625
<b>Investigation #:</b>	2024A0101013
<b>Complaint Receipt Date:</b>	01/24/2024
<b>Investigation Initiation Date:</b>	01/24/2024
<b>Report Due Date:</b>	03/24/2024
<b>Licensee Name:</b>	Hirah Health System Inc.
<b>Licensee Address:</b>	4149 Eastlawn Ave. Wayne, MI 48184
<b>Licensee Telephone #:</b>	(734) 657-5241
<b>Administrator:</b>	Emmanuel Uduji
<b>Licensee Designee:</b>	Annett Uduji
<b>Name of Facility:</b>	Central Group Home
<b>Facility Address:</b>	6112 Central Street Romulus, MI 48174
<b>Facility Telephone #:</b>	(734) 629-8428
<b>Original Issuance Date:</b>	10/17/2012
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/16/2023
<b>Expiration Date:</b>	04/15/2025
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The licensee failed to report an unexpected and preventable inpatient hospital admission to the responsible agency.	Yes
Additional Findings	Yes

**III. METHODOLOGY**

01/24/2024	Special Investigation Intake 2024A0101013
01/24/2024	Referral received from Recipient Rights Detroit Wayne Integrated Health Network (DWIHN) Office of Recipient Rights (ORR)  No allegation of abuse and or abuse
01/24/2024	Special Investigation Initiated - Telephone Licensee Designee, Annett Uduji & Home Manager, Ola Wunmi
02/08/2024	Inspection Completed-BCAL Full Compliance
02/12/2024	Contact - Document Received
03/07/2024	Contact - Telephone call made Home Manager, Ola Wunmi
03/20/2024	Contact – Telephone call made Home Manager, Ola Wunmi
03/21/2024	Contact – Document Received
03/21/2024	Exit conference License Designee, Annett Uduju, requested that I discuss this matter with her Designated Person/Administrator, Emmanuel Uduji.

**ALLEGATION:** The licensee failed to report an unexpected and preventable inpatient hospital admission to the responsible agency.

**INVESTIGATION:** On 01/23/2024, Detroit Wayne Integrated Health Network (DWIHN) Office of Recipient Rights (ORR) Investigator, Mariah Sammons, reviewed

an incident report which stated on 01/21/2024, Resident A was sent to Beaumont Hospital for chest pain. He was diagnosed with bruised ribs and a rib contusion. Ms. Sammons called the home to find out if Resident A had fallen. Home Manager, Ola Wunmi, said he didn't know of any recent fall. However, he was aware of a fall in November 2023. Ms. Sammons asked Mr. Wunmi if an incident report had been sent to Detroit Wayne Integrated Health Network (DWIHN) Office of Recipient Rights (ORR). Mr. Wunmi stated he sent an incident report to DWIHN's ORR in November. However, Ms. Sammons was unable to find the incident report.

On 03/07/2024, I spoke with Mr. Wunmi. Mr. Wunmi stated he faxed an incident report to ORR when Resident A fell in November 2023. I asked Mr. Wunmi to fax me a copy of the incident report and the confirmation indicating the incident report was faxed to ORR. Mr. Wunmi stated he could not provide the confirmation because the fax machine he used had to be replaced due to a flood.

On 03/22/2024, I called License Designee, Annett Uduju, to conduct an exit conference. Mrs. Uduju requested I discuss this matter with her Designated Person, Mr. Uduji. Mr. Uduji agree with my findings. However, he expressed concerns that Mrs. Uduju was not apprised that licensing rule R 400.14311 had been modified.

<b>APPLICABLE RULE</b>	
<b>R 400.14311</b>	<b>Incident notification, incident records.</b>
	(1) If a resident has a representative identified in writing on the resident's care agreement, a licensee shall report to the resident's representative within 48 hours after any of the following: (b) Unexpected and preventable inpatient hospital admission.
<b>ANALYSIS:</b>	Mrs. Uduju failed to provide documentation that an incident report was faxed to ORR within 48 hours after Resident A fell in November 2023 and required inpatient hospital admission.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDING:**

**INVESTIGATION:** On 03/21/2024, I reviewed Resident A's resident care agreement. Resident A's resident care agreement was incomplete. A representative of the responsible agency, DWIHN, did not sign the resident care agreement.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<p>(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. A resident care agreement shall include all of the following: (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal. (b) A description of services to be provided and the fee for the service. (c) A description of additional costs in addition to the basic fee that is charged. (d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost. (e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission. (f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule. Page 14 Courtesy of Michigan Administrative Rules (g) An agreement by the resident to follow the house rules that are provided to him or her. (h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident. (i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures. (j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315. (k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met. (l) A statement by the licensee that the home is licensed by the department to provide foster care to adults. (7) A department resident care agreement form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department. A resident shall be provided the care and services as stated in the written resident care agreement. (8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care</p>

	<p>agreement shall be maintained in the resident's record. (9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary. (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. (11) A licensee shall contact a resident's physician for instructions as to the care of the resident if the resident requires the care of a physician while living in the home. A licensee shall record, in the resident's record, any instructions for the care of the resident.</p>
<b>ANALYSIS:</b>	<p>The licensee failed to complete Resident A's resident care agreement. The representative of the responsible agency, DWIHN, did not sign Resident A's resident care agreement.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon submission of an acceptable corrective action plan I recommend the status of the license remains unchanged.



Edith Richardson  
Licensing Consultant

03/28/2024  
Date

Approved By:



03/28/2024

---

Ardra Hunter  
Area Manager

Date