

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 8, 2024

Andrew Akunne Kamman Adult Foster Care Hm Inc Unit A 3879 Packard Road Ann Arbor, MI 48108

RE: License #: AS820277452

Mother Cabrini #4 7875 Pelham Rd. Allen Park, MI 48101

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,

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 #: AS820277452

Licensee Name: Kamman Adult Foster Care Hm 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: Mother Cabrini #4

Facility Address: 7875 Pelham Rd.

Allen Park, MI 48101

Facility Telephone #: (313) 216-7988

Original Issuance Date: 08/30/2005

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	03/06/2	2024
Date of Bureau of Fire Services Inspection if applicable:			
Date of Health Authority Inspection if applicable:			
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: Area Manager			
•	Medication pass / simulated pass observed? A full worksheet inspection was completed. Medication(s) and medication record(s) review		
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, e	xplain.	
•	Fire safety equipment and practices observe	d? Yes	⊠ No ☐ If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes No N/A Street No No N/A Street No No N/A N/A No N/A		
•	Incident report follow-up? Yes ⊠ No ☐ If no, explain.		
•	Corrective action plan compliance verified? CAP Dated 03/25/2022 R 400.14301 (4), R 4 R 400.14312 (4)(b), N/A Number of excluded employees followed-up	400.1430	
•	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 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a

copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

At the time of inspection, an evacuation assessment (E-Score) was not conducted within 30 days after Resident A's admission.

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.

At the time of inspection, Resident B's medication administration records (MARs) did not contain the initials of the person who administers the medication, which shall be entered at the time the medication is given. The MARs were not initialed on 03/01/2024 through 03/06/2024 at 8:00 p.m.

The medication was not observed in the bubble pack. Direct care staff Lakeisha Morgan stated the medication was given.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection, the bathroom located in the East resident's bedroom was not constructed or maintained for the safety, and well-being of occupants. The walls in the shower area are unfinished the beams are exposed. The shower area is not operable at this time.

IV. RECOMMENDATION

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

03/08/2024

Denasha Walker Licensing Consultant Date