

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 31, 2024

Happiness Nwaopara Divined Company 6400 Royal Pointe Drive West Bloomfield, MI 48322

RE: License #: AS820377399

Divined Company: Walnut Home

69 Walnut Street

River Rouge, MI 48218

Dear Ms. Nwaopara:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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#: AS820377399

Licensee Name: Divined Company

Licensee Address: 6400 Royal Pointe Drive

West Bloomfield, MI 48322

Licensee Telephone #: (248) 346-4397

Licensee/Licensee Designee: Happiness Nwaopara

Administrator: Happiness Nwaopara

Name of Facility: Divined Company: Walnut Home

Facility Address: 69 Walnut Street

River Rouge, MI 48218

Facility Telephone #: (248) 346-4397

Original Issuance Date: 12/10/2015

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	05/29/2024
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: License	2 6 e Designee
 Medication pass / simulated pass observed? A full worksheet inspection was completed. Medication(s) and medication record(s) reviews 	
 Resident funds and associated documents refer Yes ∑ No ☐ If no, explain. Meal preparation / service observed? Yes ∑ 	
Fire drills reviewed? Yes ⊠ No ☐ If no, e	explain.
Fire safety equipment and practices observe	ed? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification O If no, explain. Water temperatures checked? Yes ⊠ No 	-, – – –
Incident report follow-up? Yes ⊠ No ☐ If	no, explain.
 Corrective action plan compliance verified? CAP Dated 05/31/2022 R 400.14205 (5), R R 400.14312 (1), R 400.14312 (7) N/A Number of excluded employees followed-up 	400.1208 (1)(e), R 400.14301 (10),
• 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 400.14204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
 - (a) Reporting requirements.
 - (b) First aid.
 - (c) Cardiopulmonary resuscitation.
 - (d) Personal care, supervision, and protection.
 - (e) Resident rights.
 - (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

At the time of inspection, direct care staff Augstine Udewena employee file did not contain verification of training or competency in the following areas prior to performing assigned tasks:

- Reporting requirements
- Personal care, supervision, and protection
- Safety and fire prevention

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, direct care staff Augstine Udewena employee file did not contain a statement signed by a licensed physician or his or her designee attesting to the physician's knowledge of physical health within 30 days of employment, assumption of duties in the home.

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of inspection, direct care staff Augstine Udewena employee file did not contain an annual review the health status for 2023.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

At the time of inspection, the hot water throughout the home did not range between 105 degrees to 120 degrees Fahrenheit at the faucet.

- •Kitchen, 100 degrees Fahrenheit
- •Bathroom (across from the kitchen), 99.9 degrees Fahrenheit

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, Resident A's bedroom door was not equipped with positive-latching hardware.

A corrective action plan was requested and approved on 05/29/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify

compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Denasha Walker Date Licensing Consultant