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GOVERNOR

### STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 26, 2024

Adesuwa Iyoha Victory Homes Management Inc P.O. Box 3011 Ann Arbor, MI 48106

RE: License #: AS820317290

Victory Homes Management #4

9369 Barry Street Romulus, MI 48174

Dear Ms. Iyoha:

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,

(313) 300-9922

Denasha Walker, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

## MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

#### I. IDENTIFYING INFORMATION

**License #:** AS820317290

Licensee Name: Victory Homes Management Inc

**Licensee Address:** 4648 Pond Run

Canton, MI 48188

**Licensee Telephone #:** (734) 846-7884

Licensee/Licensee Designee: Adesuwa Iyoha

Administrator: Adesuwa Iyoha

Name of Facility: Victory Homes Management #4

Facility Address: 9369 Barry Street

Romulus, MI 48174

**Facility Telephone #:** (734) 532-4156

Original Issuance Date: 04/06/2012

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

### II. METHODS OF INSPECTION

Dat	e of On-site Inspection(s):	09/25/2024
Dat	e of Bureau of Fire Services Inspection if appl	icable:
Dat	e of Health Authority Inspection if applicable:	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	2 6 e designee
•	Medication pass / simulated pass observed?	Yes ⊠ No □ If no, explain.
•	$\label{eq:Medication} \mbox{Medication (s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.}$	
•	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, explain.	
•	Fire safety equipment and practices observe	d? Yes ⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain.  Water temperatures checked? Yes ⊠ No [	
•	Incident report follow-up? Yes ⊠ No ☐ If	no, explain.
•	Corrective action plan compliance verified? CAP Dated 09/15/2022 R 400.14301 (10), F R 400.14312 (2), R 400.14315 (6), R 400.14 Number of excluded employees followed-up?	R 400.14301 (4), R 40014301 (6), 318 (5). N/A
•	Variances? Yes ⊠ (please explain) No ☐ A variance was submitted requesting to mod although the resident bedroom square footage a variance was approved increasing the capa	ify the capacity from 5 to 6 residents ge was not 130sq ft. On 04/08/2013,

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of inspection, direct care staff Olasunbo Sholotan employee file did not contain written evidence of tuberculosis testing and results. Olasunbo Sholotan was hired 05/27/2024

R 400.14208 Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
- (e) Verification of experience, education, and training.

At the time of inspection, direct care staff Olasunbo Sholotan employee file did not contain proof of education.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(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.

At the time of inspection, Resident A's assessment plan was not signed at the time of admission (03/30/2023) or annually by his designated representative.

#### R 400.14301

# Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

- (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.
- (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.

(I) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

At the time of inspection, Resident A's resident care agreement was not signed at the time of admission, 03/30/2023 by his designated representative.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(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.

At the time of inspection, Resident A's 2024 annual resident care agreement was not signed by his designated representative.

#### R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

At the time of inspection, the paint on the wall in the West resident bedroom was unfinished.

#### 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, the East resident bedroom door was not positive-latching.

#### IV. RECOMMENDATION

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

09/26/2024

Denasha Walker Licensing Consultant Date