

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

November 6, 2024

Mispal Ezenabo Tomas Ventures Residence LTD P.O. Box 40051 Redford, MI 48240

RE: License #: AS820288226

Tomas Woodbine Home

15763 Woodbine

Redford Twp., MI 48239

Dear Ms. Ezenabo:

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: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

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,

Edith Richardson, Licensing Consultant

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Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd

Detroit, MI 48202

(313) 919-1934

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

I. IDENTIFYING INFORMATION

License #: AS820288226

Licensee Name: Tomas Ventures Residence LTD

Licensee Address: 43500 Forestdale Dr.

Belleville, MI 48111

Licensee Telephone #: (313) 346-7764

Licensee/Licensee Designee: Mispal Ezenabo, Designee

Administrator: Mispal Ezenabo

Name of Facility: Tomas Woodbine Home

Facility Address: 15763 Woodbine

Redford Twp., MI 48239

Facility Telephone #: (313) 346-7764

Original Issuance Date: 04/11/2007

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION Date of On-site Inspection(s):11/01/2024 Date of Bureau of Fire Services Inspection if applicable: Date of Health Authority Inspection if applicable: 0 No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role: Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. Staff and residents were not home. Medication(s) and medication record(s) reviewed? Yes \square No \square If no, explain. Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Meal preparation / service observed? Yes ⊠ No ☐ If no, explain. Fire drills reviewed? Yes No If no, explain. Fire safety equipment and practices observed? Yes No I If no, explain. E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain. Water temperatures checked? Yes No If no, explain.

Number of excluded employees followed-up?

Variances? Yes ☐ (please explain) No ☐ N/A ☒

Incident report follow-up? Yes \(\square\) No \(\text{N}\) If no, explain.

Corrective action plan compliance verified? Yes \(\scale \) CAP date/s and rule/s:

N/A 🖂

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

N/A

 $N/A \times$

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

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

I observed worn floor moulding trim in the kitchen.

R 400.14403 Maintenance of premises.

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

The stairway leading to the second floor has an open side that does not have a handrail.

R 400.14408 Bedrooms generally.

(3) Bedrooms for residents shall be separated from halls, corridors, and other rooms by floor-to-ceiling walls that do not have openings, except for doorways.

Second floor bedrooms one and two has an opening in the wall.

A corrective action plan was requested and approved on 11/01/2024. 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

I recommend issuance of a 2-year regular adult foster care license.

Edith Richardson

Licensing Consultant

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11/06/2024

Date