

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 15, 2025

Josephine Uwazurike Kevdaco Human Services LLC PO Box 4199 Southfield, MI 48037

RE: License #: AS820282152

Kevdaco Westland II 1950 Martin Street Westland, MI 48185

Dear Josephine Uwazurike:

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) 456-0439.

Sincerely,

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

Regina Buchanon

(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AS820282152

Licensee Name: Kevdaco Human Services LLC

Licensee Address: Suite 200

23999 Northwestern Hwy Southfield, MI 48075

Licensee Telephone #: (248) 722-5004

Licensee/Licensee Designee: Josephine Uwazurike

Administrator: Josephine Uwazurike

Name of Facility: Kevdaco Westland II

Facility Address: 1950 Martin Street

Westland, MI 48185

Facility Telephone #: (734) 893-8543

Original Issuance Date: 07/18/2006

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date o	of On-site Inspection(s):	05/12/2	025
Date o	of Bureau of Fire Services Inspection if appl	icable:	N/A
Date o	of Health Authority Inspection if applicable:		N/A
No. of	staff interviewed and/or observed residents interviewed and/or observed others interviewed 0 Role: N/A		1 5
• M	ledication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.
• M	ledication(s) and medication record(s) revie	wed? Y	es 🗵 No 🗌 If no, explain.
• Me	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. Residents had already eaten Fire drills reviewed? Yes No If no, explain.		
• Fi	ire safety equipment and practices observe	d? Yes	⊠ No lf no, explain.
lf	-scores reviewed? (Special Certification On no, explain. /ater temperatures checked? Yes ⊠ No [• /	
• Co	ncident report follow-up? Yes No lf in one one orrective action plan compliance verified? ules: 205(6),301(6),310(3),401(2),403(1),50 umber of excluded employees followed-up?	Yes ⊠ 07(5) N/	CAP date/s and rule/s:
• Va	ariances? 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 400.14301

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

(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.

Resident A was admitted to the facility on 01/13/2025 and a health care appraisal was not completed within 90 days before admission. To date, there was none on file.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A's bupropion was prescribed to be given once daily in the morning, but based on the medication log sheet, was being administered twice a day at 8:00 a.m. and 8:00 p.m.

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.

Resident A had medication (hydroxyzine and quetiapine fumarate) in her medication box that was being administered but was not documented on her medication log sheet and therefore, was not being initialed by staff as being administered.

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.

The hot water temperature was 126 degrees Fahrenheit.

REPEAT VIOLATION {RENEWAL INSPECTION 05/24/2023 AND 05/20/2021}

IV. RECOMMENDATION

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

Regina Buchanan Date
Licensing Consultant