



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 4, 2020

Annett Uduji  
Hirah Health System Inc.  
4149 Eastlawn Ave.  
Wayne, MI 48184

RE: Application #: AS820403070  
**My Choice**  
**28022 Ann Arbor Trail**  
**Westland, MI 48185**

Dear Mrs. Uduji:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 236-0832

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820403070
<b>Applicant Name:</b>	Hirah Health System Inc.
<b>Applicant Address:</b>	4149 Eastlawn Ave. Wayne, MI 48184
<b>Applicant Telephone #:</b>	(734) 657-5241
<b>Administrator/Licensee Designee:</b>	Annett Uduji
<b>Name of Facility:</b>	My Choice
<b>Facility Address:</b>	28022 Ann Arbor Trail Westland, MI 48185
<b>Facility Telephone #:</b>	(734) 657-5241
<b>Application Date:</b>	01/15/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

01/15/2020	Enrollment
01/15/2020	Contact - Document Received 1326, IRS ltr
01/15/2020	Application Incomplete Letter Sent New Fps for Annett and afc 100 for admin
01/21/2020	Contact - Document Received updated app
01/30/2020	Contact - Document Received afc 100 & RI030
01/30/2020	File Transferred To Field Office detroit
02/14/2020	Application Incomplete Letter Sent
02/24/2020	Contact - Telephone call made Telephone call to applicant. I was provided with a different email address to send the application incomplete letter to.
02/24/2020	Contact - Document Sent Second application incomplete letter sent to hirahealth@gmail.com
03/24/2020	Contact - Telephone call made Telephone call to applicant. She will be mailing the documents requested in the application incomplete letter in the next week.
04/08/2020	Contact - Document Received Enrollment documents received.
05/21/2020	Inspection Completed On-site

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a single-story brick dwelling located in a residential neighborhood in the city of Westland, in Wayne County. The facility has a paved driveway and on street parking for staff and visitor parking. The facility has two living areas, a dining room, four resident bedrooms, one full resident bathroom with a wheelchair accessible shower and a basement which is not accessible to residents. The facility has wheelchair ramps at the front and back exits and is wheelchair accessible. The facility utilizes city water supply and sewer system.

The furnace and hot water heater are located in the basement of the facility. The laundry area is also located in the basement of the facility. Floor separation between the furnace area and the upper level is created by a fire door located in the basement of the facility. The door is equipped with an automatic self-closing device and positive latching hardware.

The facility is also equipped with an interconnected smoke detection system. Smoke detectors are located in resident bedrooms, the bedroom hallway, the kitchen, and the basement. The facility is equipped with fire extinguishers which are located on each level of the facility.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	12'10" X 10'11'	140.10	2 Residents
Bedroom # 2	13'03" X 10' 0"	130.0	1 Resident
Bedroom # 3	9'02" X 9'8"	88.58	1 Resident
Bedroom # 4	13'0" X 11'	143.0	2 Residents
Living Room	23'04" X 12'0"	292.80	
Family Room	13'03" X 11'10"	156.74	

The living areas measure a total of 449.54 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, it is concluded that this facility can accommodate six (6) residents.

The facility can accommodate residents who regularly require a wheelchair.

## **Program Description**

The facility will provide 24-hour supervision, protection, and personal care for six (6) male or female residents. The facility will accept moderate to high functioning developmentally disabled adults, and medically managed mentally ill adults as well as individuals who are physically handicapped. The facility will teach and reinforce skills of daily living with the residents. The facility will provide residents with the opportunity to participate in recreational and social activities in the home as well as making use of resources in the community.

## **B. Applicant and Administrator Qualifications**

The applicant is Hirah Health Systems Inc, a Domestic Nonprofit Corporation established on 12/12/2011. The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents along with income from three active Adult Foster Care facilities and verification of at least 3 months of operating capital available for immediate use.

Annette Uduji is the licensee designee for the facility. A criminal history clearance was completed on 1/15/2020 for Ms. Uduji and no criminal convictions were found. Ms. Uduji submitted a medical clearance dated 1/17/2020 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Uduji.

Emmanuel Uduji is the administrator for the facility. A criminal history clearance was completed on 1/30/2020 for Mr. Uduji and no criminal convictions were found. Mr. Uduji submitted a medical clearance dated 1/16/2020 documenting that no physical or mental health conditions exist that would limit his ability to work with or around dependent adults. A current negative TB test was also obtained for Mr. Uduji.

The applicant/licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Uduji provided documentation that she has over 8 years of experience as the licensee designee in three active adult foster care homes which are licensed to care for developmentally disabled and mentally ill adults. Ms. Uduji has also provided documentation that she has completed training through the American Health Care Academy and Detroit Wayne Integrated Health Network. Mr. Uduji has provided documentation that he has over 8 years of experience as the administrator in three active adult foster care homes which are licensed to care for developmentally disabled

and mentally ill adults. Mr. Uduji has provided documentation that he has completed training through American Health Care Academy and Detroit Wayne Integrated Health Network.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that the direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant t acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow up the retention schedule for those document contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct and immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

### **C. Rule/Statutory Violations**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



6/4/2020

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Andrea Green  
Licensing Consultant

Date

Approved By:



6/4/2020

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Ardra Hunter  
Area Manager

Date