



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 30, 2021

Igbinobaro, Richard & Igbinobaro, Eunice
34530 Van Born Road
Wayne, MI 48184

RE: License #: AF820314301
Recom Care Home
34530 Van Born Road
Wayne, MI 48184

Dear Igbinobaro, Richard & Igbinobaro, Eunice:

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:

- You are to submit a Statement of Correction.

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,

A handwritten signature in cursive script that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AF820314301

Licensee Name: Igbinobaro, Richard & Igbinobaro, Eunice

Licensee Address: 34530 Van Born Road
Wayne, MI 48184

Licensee Telephone #: 734-239-5570

Licensee/Licensee Designee: N/A

Administrator:

Name of Facility: Recom Care Home

Facility Address: 34530 Van Born Road
Wayne, MI 48184

Facility Telephone #: (734) 239-5570

Original Issuance Date: 02/03/2012

Capacity: 3

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/30/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
No medications observed due to no residents in care
- 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.
No residents in care
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
04/10/2019 Rules: 407(5),426(1),424(1),405(2),416(1) N/A
- Number of excluded employees followed-up? N/A
- 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 400.1418 Resident medications.

(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:

(a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

Resident A's nutrition supplement was not initialed as administered 11/24/2020-11/30/2020 and there was no documentation regarding the blank spaces.

R 400.1422 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(i) Name.

(ii) Social security number.

(iii) Home address.

(iv) Name, address, and telephone number of the next of kin or designated representative.

(v) Name, address, and telephone number of person or agency responsible for the resident's placement in the home.

(vi) Name, address, and telephone number of the preferred physician and hospital.

(b) Date of admission.

(c) Date of discharge and place to which resident was discharged.

(d) Health care information, including all of the following:

(i) Health care appraisals.

(ii) Medication logs.

- (iii) **Statements and instructions for supervising prescribed medication.**
- (iv) **Instructions for emergency care.**
- (e) **Resident care agreement.**
- (f) **Assessment plan.**
- (g) **Weight record.**
- (h) **Incident and accident reports.**
- (i) **Resident funds and valuables record.**
- (j) **Resident grievances and complaint record.**

Resident A did not have an identification record completed and in his file.

R 400.1426 Maintenance of premises.

- (1) The premises shall be maintained in a clean and safe condition.

The kitchen trash can was not equipped with a lid.
 The closet door in bedroom #2 was missing.
 The smoke detector in front of Bedroom #1 was chirping.

R 400.1433 Bedroom furnishings.

- (3) A licensee shall provide a resident with a bed that is not less than 36 inches wide and 72 inches long, with comfortable springs in good condition, a clean protected mattress which is not less than 5 inches thick or 4 inches thick if of synthetic construction, and with a pillow.

The beds were not equipped with mattress protectants.

IV. RECOMMENDATION

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



Regina Buchanan

03/30/2021
 Date

Licensing Consultant