



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 15, 2021

Godwin Ilonze  
Annextra Healthassist Associates, LLC  
451 N. Hanlon Street  
Westland, MI 48185

RE: License #: AS630386442  
Annextra Healthassist Associates  
388 W. Hayes Ave.  
Hazel Park, MI 48030

Dear Mr. Ilonze:

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 documentation of compliance or
- 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630386442
<b>Licensee Name:</b>	Annextra Healthassist Associates, LLC
<b>Licensee Address:</b>	388 W. Hayes Avenue Hazel Park, MI 48030
<b>Licensee Telephone #:</b>	(313) 377-4486
<b>Licensee Designee:</b>	Godwin Ilonze
<b>Name of Facility:</b>	Annextra Healthassist Associates
<b>Facility Address:</b>	388 W. Hayes Ave. Hazel Park, MI 48030
<b>Facility Telephone #:</b>	(313) 377-4486
<b>Original Issuance Date:</b>	12/07/2018
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/15/2021

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 4  
No. of others interviewed 1 Role: Lic. Desig.

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  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.  
Inspection did not occur during mealtime
- 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:  
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:

<b>R 330.1804</b>	<b>Certification inspections and investigations</b>
	(1) A newly opened facility that has a temporary certification shall notify the department when the number of residents of the facility reaches 50% of the licensed capacity. Upon notice, the department will schedule and conduct an on-site review of the facility's specialized program. A written report of the review shall be provided to the department of social services, the licensee, and the placing agency. Based upon the review, the department may issue a provisional or regular certification. This rule does not apply to facilities certified through the intermediate care facilities for the mentally retarded (ICF/MR) program.

The facility did not obtain a contract and did not have any residents in care who were receiving specialized services during the period under review. Compliance with the special certification rules could not be assessed at the time of the inspection. A provisional certification has been issued.

<b>R 400.14203</b>	<b>Licensee and administrator training requirements.</b>
	(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

During the onsite inspection, the licensee designee did not have proof of completion of 16 hours of annual training.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.
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During the onsite inspection, Resident M did not have a health care appraisal on file for the year 2020. Resident E's health care appraisal was not obtained prior to or within 30 days of admission (Admission date: 3/19/21; Health Care Appraisal dated: 05/19/21).

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

During the onsite inspection, Resident M did not have an updated assessment plan on file for the year 2020. Resident E's assessment plan did not accurately reflect his ability to move independently in the community.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 07/17/19; Corrective Action Plan Dated: 07/17/19**

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

During the onsite inspection, Resident M did not have an updated resident care agreement on file for 2019.

<b>R 400.14311</b>	<b>Investigation and reporting of incidents, accidents, illnesses, absences, and death.</b>
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by

	<p>telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:</p> <p>(b) Any accident or illness that requires hospitalization.</p>
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Incident reports were not sent to the adult foster care licensing division following Resident M or Resident E's hospitalizations.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(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.

During the onsite inspection, the water temperature was measured at 128°F.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 07/17/19; Corrective Action Plan Dated: 07/17/19**

<b>R 400.14402</b>	<b>Food service.</b>
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

During the onsite inspection, there was no thermometer in the refrigerator.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.


During the onsite inspection, the kitchen floor near the refrigerator was damaged. The walls throughout the facility were stained/dirty. The vent in bedroom #1 was coming off the wall.

A corrective action plan was requested and approved on 06/15/2021. 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.

#### IV. RECOMMENDATION

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

Handwritten signature of Kristen Donnay in cursive script.

06/15/21

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Kristen Donnay  
Licensing Consultant

Date