

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 3, 2021

Casmir Nnaji Peace Home Michigan Inc. 28755 San Carlos Street Southfield, MI 48076

RE: License #: AS820392529

Peace Home MI - Florence

26732 Florence St. Inkster, MI 48141

Dear Mr. Nnaji:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license 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,

LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3055

of Stevens

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

#### I. IDENTIFYING INFORMATION

**License #:** AS820392529

**Licensee Name:** Peace Home Michigan Inc.

**Licensee Address:** 28755 San Carlos Street

Southfield, MI 48076

**Licensee Telephone #:** (313) 908-9433

Licensee/Licensee Designee: Casmir Nnaji, Designee

Administrator:

Name of Facility: Peace Home MI - Florence

**Facility Address:** 26732 Florence St.

Inkster, MI 48141

**Facility Telephone #:** (313) 908-9433

Original Issuance Date: 12/05/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

**MENTALLY ILL** 

**AGED** 

# II. METHODS OF INSPECTION

| Date of On-site Inspection(s):   |                                      | 05/18/2021                                  |  |
|--|--------------------------------------|---|--|
| Date of Bureau of Fire Services Inspection if applicable:  |                                      |   |  |
| Date of Environmental/Hea  | lth Inspection if applica            | able:                                       |  |
| Inspection Type:   | ☐ Interview and Obs<br>☐ Combination | servation ⊠ Worksheet<br>□ Full Fire Safety |  |
| No. of staff interviewed and<br>No. of residents interviewed<br>No. of others interviewed  |                                      | 1<br>5                                      |  |
| Medication pass / simulations  | llated pass observed?                | Yes ⊠ No □ If no, explain.                  |  |
| Medication(s) and medication record(s) reviewed? Yes ⊠ No ☐ If no, explain   |                                      |   |  |
| <ul> <li>Resident funds and associated documents reviewed for at least one resident?         Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ☐ If no, explain.</li> </ul>        |                                      |   |  |
| Fire drills reviewed? Yes ⊠ No □ If no, explain.   |                                      |   |  |
| • Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.   |                                      |   |  |
| <ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain.</li> </ul>   |                                      |   |  |
| Incident report follow-up? Yes ⊠ No □ If no, explain.  |                                      |   |  |
| <ul> <li>Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: LSR Dating 6/5/19, Rules 208(1) (f), 207(3) and 306(3) N/A ☐</li> <li>Number of excluded employees followed-up? N/A ☐</li> </ul> |                                      |   |  |
| 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 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.

Fire drills for the 2020 year were not completed during all required time frames.

## R 330.1803 Facility environment; fire safety.

- (6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:
- (a) Improve the score to at least the "slow" category.
- (b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

Evacuation E-Scores were not completed withing 30 days of admission.

# R 400.14204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
  - (a) Reporting requirements.
  - (b) First aid.
  - (c) Cardiopulmonary resuscitation.
  - (d) Personal care, supervision, and protection.
  - (e) Resident rights.
  - (f) Safety and fire prevention.
  - (g) Prevention and containment of communicable diseases.

Staff did not have verification of training prior to the assumption of job duties.

# R 400.14208 Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
- (a) Name, address, telephone number, and social security number.
- (b) The professional or vocational license, certification, or registration number, if applicable.
- (c)A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.
  - (d) Verification of the age requirement.
  - (e) Verification of experience, education, and training.
  - (f) Verification of reference checks.
  - (g) Beginning and ending dates of employment.
  - (h) Medical information, as required.
- (i) Required verification of the receipt of personnel policies and job descriptions.

Staff file did not have verification of job description, education and all required trainings.

#### R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or

applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

At the time of inspection:

- Medication was unlocked in the refrigerator.
- Medication was taken out of its original container and pre-sorted.

# R 400.14315 Handling of resident funds and valuables.

(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

At the time of inspection, Funds and Valuables Part II was not signed by the guardian.

A corrective action plan was requested and approved on 05/18/2021. 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

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

LaKeitha Stevens Date Licensing Consultant