



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 3, 2021

Edward Aniapam
Jabez Recovery Management Services, Inc.
P.O. Box 39
Troy, MI 48099

RE: License #: AS820396692
Akwaaba House II
2635 Calvert
Detroit, MI 48206

Dear Mr. Aniapam:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing

will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

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

I. IDENTIFYING INFORMATION

License #: AS820396692

Licensee Name: Jabez Recovery Management Services, Inc.

Licensee Address: 2633 Calvert
Detroit, MI 48206

Licensee Telephone #: (313) 399-2563

Licensee/Licensee Designee: Edward Aniapam

Administrator: Edward Aniapam

Name of Facility: Akwaaba House II

Facility Address: 2635 Calvert
Detroit, MI 48206

Facility Telephone #: (313) 399-2563

Original Issuance Date: 02/13/2019

Capacity: 6

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/29/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

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 3
No. of others interviewed 1 Role: Licensee Desingee

- Medication pass / simulated pass observed? Yes No If no, explain. Full inspection
- 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 is not completed during meal times.
- 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: 205 (3), 301 (10), and 312 (4b) 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:

MCL 400.734b **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

Finding: Direct care staff Dimmy Campbell's employee record did not contain verification of a criminal background clearance check within 30 days of his hire. At the time of inspection, Mr. Campbell's was hired on 06/07/2021 and Licensee Designee did not complete criminal background clearance until 07/29/2021.

On 7/30/2021, I had an exit conference with Licensee Designee- Edward Aniapam regarding the above violation. Mr. Aniapam stated he appreciate all the assistance I have been providing him and is willing to work with us in getting the home into compliance. We will be accepting the provisional license.

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.

Finding: A review of the facility evacuation assessments showed the licensee failed to complete evacuation assessments within 30 days after three new resident admissions on 03/20/2020. In addition, the licensee failed to complete an annual assessment for 2021. Specifically, Residents A- C's evacuation assessment were not completed and the last one completed was done in 2019.

R 400.14203

Licensee and administrator training requirements.

(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.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

Finding: A review of the Licensee Designee/Administrator training records showed he failed to participate in, and successfully complete, 16 hours of training and/or complete 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department for the renewal period of 2020 and 2021. In addition, Mr. Aniapam-Licensee Designee/ Administrator admits to not completing the necessary trainings.

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Finding: Direct care staff Dimmy Campbell's employee record did not contain a physical completed within 30 days of his employment. Mr. Campbell was hired on 06/07/2021 and his physical was completed on 12/09/2020.

On 7/30/2021, I had an exit conference with Licensee Designee- Edward Aniapam regarding the above violation. Mr. Aniapam stated he appreciate all the assistance I have been providing him and is willing to work with us in getting the home into compliance. We will be accepting the provisional license.

REPEAT VIOLATION: LSR DATED 09/20/2019 AND CAP DATE 09/18/2019

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:
(e) Verification of experience, education, and training.

Finding: Direct care staff Dimmy Campbell's employee record did not contain verification of education.

On 7/30/2021, I had an exit conference with Licensee Designee- Edward Aniapam regarding the above violation. Mr. Aniapam stated he appreciate all the assistance I have been providing him and is willing to work with us in getting the home into compliance. We will be accepting the provisional license.

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:
(f) Verification of reference checks.

Finding: Direct care staff Dimmy Campbell's employee record did not contain verification of reference checks.

On 7/30/2021, I had an exit conference with Licensee Designee- Edward Aniapam regarding the above violation. Mr. Aniapam stated he appreciate all the assistance I have been providing him and is willing to work with us in getting the home into compliance. We will be accepting the provisional license.

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.

Finding: Resident A's record reviewed did not contain a health care appraisal completed within 90 days before admission or within 30 days after an emergency admission. Resident A was admitted into the facility on 03/20/2020 and to date, there has not been a health care appraisal completed.

On 7/30/2021, I had an exit conference with Licensee Designee- Edward Aniapam regarding the above violation. Mr. Aniapam stated he appreciate all the assistance I have been providing him and is willing to work with us in getting the home into compliance. We will be accepting the provisional license.

REPEAT VIOLATION: LSR DATE 09/20/2019 AND CAP DATE 09/18/2021

R 400.14301

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

(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.

Finding: Resident A's record did not contain a resident care agreement signed and dated by the Licensee Designee for 2021.

On 7/30/2021, I had an exit conference with Licensee Designee- Edward Aniapam regarding the above violation. Mr. Aniapam stated he appreciate all the assistance I have been providing him and is willing to work with us in getting the home into compliance. We will be accepting the provisional license.

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.

Finding: Resident A's medication administration record sheets did not contain his refusal of Nicotine Transdermal System patch for the months of April and June in 2021. During the review of medication administration records, Home Manager-Teresa Townsend stated Resident A refuses to wear these patches.

Resident A's medication administration record sheets did not contain a signature at the time of administration for Paliperidone 6mg for April 30, 2021 and June 30, 2021 at the 8:00am dosage.

On 7/30/2021, I had an exit conference with Licensee Designee- Edward Aniapam regarding the above violation. Mr. Aniapam stated he appreciate all the assistance I have been providing him and is willing to work with us in getting the home into compliance. We will be accepting the provisional license.

REPEAT VIOLATION: LSR DATE 09/20/2019 AND CAP DATE 09/18/2021

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Finding: Resident A's record did not contain a Funds Part I signed by Licensee Designee.

Resident A's record reviewed did not contain a Funds Part II that included the cost of care since despite receiving cost of care funds.

On 7/30/2021, I had an exit conference with Licensee Designee- Edward Aniapam regarding the above violation. Mr. Aniapam stated he appreciate all the assistance I have been providing him and is willing to work with us in getting the home into compliance. We will be accepting the provisional license.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, 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, date of birth, case number, and marital status.

(iii) Former address.

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

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

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

(vii) Medical insurance.

(viii) Funeral provisions and preferences.

(ix) Resident's religious preference information.

Finding: Resident A's record did not contain funeral provisions and preferences.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Finding: The Licensee Designee failed to practice fire drills for sleeping hours for the second and fourth quarter of 2020; first and second quarter of 2021; daytime hours for third quarter of 2020.

On 7/30/2021, I had an exit conference with Licensee Designee- Edward Aniapam regarding the above violation. Mr. Aniapam stated he appreciate all the assistance I have been providing him and is willing to work with us in getting the home into compliance. We will be accepting the provisional license.

R 400.14506 Fire extinguishers; location, examination, and maintenance.

(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.

Finding: While conducting this licensing inspection I observed that the basement fire extinguisher has not been maintained according to manufacturer recommendation as it had an expiration date of 2019.

On 7/30/2021, I had an exit conference with Licensee Designee- Edward Aniapam regarding the above violation. Mr. Aniapam stated he appreciate all the assistance I have been providing him and is willing to work with us in getting the home into compliance. We will be accepting the provisional license.

R 400.14103 Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.

(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any

changes in the household and in personnel-related information, within 5 business days after the change occurs.

Finding: While conducting this licensing renewal inspection I observed that the resident only bathroom is under renovations and not available for use.

On 7/30/2021, I had an exit conference with Licensee Designee- Edward Aniapam regarding the above violation. Mr. Aniapam stated he was not aware he needed to notify the department and he notify the department if/when he makes additional changes to the household.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended due to physical plant and quality of care violations.

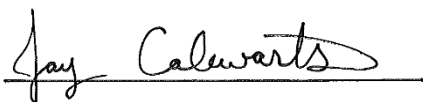


08/03/2021

Shatonla Daniel
Licensing Consultant

Date

Reviewed By:



FOR 08/06/2021

Jerry Hendrick
Area Manager