



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 17, 2021

Zouhair Younes
Younes AFC Home Inc.
8906 Thayer
Dearborn, MI 48126

RE: License #: AS820238660
Investigation #: 2021A0778029
Younes AFC Home II

Dear Mr. Younes:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

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 "LaKeitha Stevens".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820238660
Investigation #:	2021A0778029
Complaint Receipt Date:	07/27/2021
Investigation Initiation Date:	07/27/2021
Report Due Date:	09/25/2021
Licensee Name:	Younes AFC Home Inc.
Licensee Address:	8906 Thayer Dearborn, MI 48126
Licensee Telephone #:	(313) 574-0504
Administrator:	Zouhair Younes
Licensee Designee:	Zouhair Younes
Name of Facility:	Younes AFC Home II
Facility Address:	18926 Inkster Redford, MI 48240
Facility Telephone #:	(313) 318-7772
Original Issuance Date:	04/23/2002
License Status:	REGULAR
Effective Date:	06/16/2020
Expiration Date:	06/15/2022
Capacity:	6
Program Type:	MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
There are trees laying on the house and gutters falling off the exterior of the home.	Yes
Additional Findings	Yes

III. METHODOLOGY

07/27/2021	Special Investigation Intake 2021A0778029
07/27/2021	Special Investigation Initiated - On Site Face to face with staff Mike and Residents A and B
07/29/2021	Inspection Completed On-site Face to Face with staff Mike and Residents A, B, C and D
07/29/2021	Exit Conference Telephone call received from Mr. Younes. I went over the violations with him and told him I'm seeking negative action.
07/30/2021	APS Referral Adult Protective Services (APS) referral generated. The complaint was denied.
07/30/2021	Inspection Completed On-site
08/06/2021	Contact – Telephone call made Telephone call made to the complainant.
08/10/2021	Contact – Telephone call made Telephone call made to licensee designee Mr. Younes. I informed him again that I was recommending disciplinary action against his license.

ALLEGATION:

There are trees laying on the house and gutters falling off the exterior of the home.

INVESTIGATION:

On 07/27/2021, I completed an unannounced on-site inspection. I observed gutters missing along the outside perimeter of the home. I also observed wood placed in areas where gutters belong. In addition, there appears to be gaps or lifting on the roof in areas that should affix to the gutter as well as a gap in the door frame of the side door.

During the onsite inspection, I interviewed staff Mike Morton. Mr. Morton stated he is “trying to keep everything up” but he’s working by himself. Mr. Morton indicated the other staff for the facility is currently in the hospital. He stated he takes care of the residents and tries to take care of the facility. He stated he built the shed for the home, placed up wood for the missing gutters, cut the grass and trimmed the bushes. I spoke with Mr. Morton about the piles of bush trimming etc., and he stated he had not had an opportunity to remove them because he was cutting the grass. According to Mr. Morton, he spoke with the licensee designee Mr. Younes regarding the trees touching the home, but no one has come out yet to trim them. When again asked about the remaining violations Mr. Morton indicated he is doing everything by himself and he can’t do it all.

On 08/06/2021, I completed a telephone interview with the complainant. According to the complainant, the home is getting worse. The complainant stated there is one staff for the home and he’s attempting to maintain the inside of the home, outside and provide care for the residents. The complainant stated the home is an “eye sore for the community and has been coming apart for almost 10 years.” The complainant indicated the gutters were constantly falling off and now they haven’t been replaced. According to the complainant, the owner does not appear to care about the residents and has even called them “crazy.” Furthermore, the complainant indicated animals, creatures and rodents have been seen on the roof stating they climb from the unkept tree limbs as well as bees and flies have been seen entering the home from cracks in the outside perimeter. The complainant expressed concerns for residents living in these conditions.

While onsite, I conducted interviews with Residents A, B C and D. The residents indicated they spend most of their time in their room. I observed Resident A’s room without a closet or wardrobe, and Resident A confirmed he does not have one. Resident A indicated he spends time in his room or the back porch. He indicated he does not use the front porch because he cannot go down the stairs. Resident A utilizes a walker and wheelchair. Furthermore, Resident A indicated he utilizes a bedside commode for toileting.

Resident B stated she likes to stay in her room. She stated the shower in her room is only for her and she utilizes the shower chair, but it was not given to her by a doctor. Resident B stated Resident A does not leave the home during fire drills. She stated he stays inside while others exit for drills.

Resident C indicated “Mike is the only staff”. According to Resident C fire drills are only conducted once a year. Resident D also indicated fire drills are conducted once or twice

a year. According to Resident D, it used to leak inside the facility, but it doesn't anymore.

On 07/26/2021, I completed a telephone interview with Mr. Younes, licensee designee. I discussed the violations identified in this report and the condition of the home. I informed him I will be seeking negative action against the license due to the conditions. Mr. Younes stated he would have ramps built for the facility. He did not address the remaining violations.

On 08/10/2021, I completed a second telephone interview with Mr. Younes to again discuss all violations. Mr. Younes indicated the front ramp for the facility is near completion and he will be working on the second ramp. Regarding why the facility did not have a ramp to accommodate Resident A, Mr. Younes had no comment. Regarding the tree branches touching the facility and in need of trimming, Mr. Younes stated he would have someone look at the branches and have them cut back away from the home. Mr. Younes stated he did not see anything wrong with the gutters to the facility. He stated he is aware of the gap in the side door, as this is a repeated violation, and he will have the door replaced.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.
ANALYSIS:	The facility is need of repairs on the roof and gutters. There is a gap in the frame on the side door.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference LSR dated 11/30/2017; CAP dated 12/05/2017

ADDITIONAL FINDINGS:

INVESTIGATION:

On 07/29/2021, I observed resident medication to be unlocked. Medications were in piles on the floor in a room staff identified as "his bedroom." I spoke with Mr. Morton regarding the medication, and he had no comment.

On 08/10/2021, I spoke with Mr. Younes regarding the medication. He indicated the medication was previously stored in a locked dresser and he is unsure if the dresser is in need of another lock.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(1) Prescription medications, including dietary supplements, or individual special medication 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 S333.1101 et seq. of the Michigan Compiled Lases, kept with the equipment to administer it in a locked cabinet or drawer and refrigerated if required.
ANALYSIS:	During the onsite, the resident's medication was not in a locked cabinet.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference LSR dated 11/30/2017; CAP dated 12/05/17

INVESTIGATION:

During the onsite inspection I reviewed files for Residents A, B, C and D. I observed Residents A, B, C and D to have expired health care appraisals.

On 08/10/2021, I spoke with Mr. Younes regarding the expired health care appraisals, and he had no comment.

APPLICABLE RULE	
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.

ANALYSIS:	Health care appraisals are not completed annually. Residents A-D have expired health care appraisals.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference LSR dated 10/16/2019; CAP dated 12/16/2019

INVESTIGATION:

During the onsite inspection, I reviewed files for Residents A, B, C and D. I observed Resident A and Resident B not to have current written assessment plans.

During my telephone conversation with Mr. Younes on 08/10/2021, he had no comment regarding the expired assessment plans.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(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.
ANALYSIS:	Assessment plans for Residents A and B are not current.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference LSR dated 10/16/2019; CAP dated 12/16/2019

INVESTIGATION:

Upon review of resident files, I observed Residents B, C and D did not have current Resident Care Agreements. In addition, Resident A's agreement was not signed by the licensee designee.

On 08/10/2021, Mr. Younes had no comment regarding the expired plans and stated he will sign the other plan upon his return to the country.

APPLICABLE RULE	
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.
ANALYSIS:	Resident care agreements are not completed yearly and signed by all required individuals. Residents' B, C and D agreements are expired. Resident A's care agreement was not signed by the licensee designee.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference LSR dated 10/16/2019; CAP dated 12/16/2019

INVESTIGATION:

During my onsite on 07/29/2021, I asked staff Mr. Morton to conduct a fire drill. During that time, Resident A took seven minutes to get from his room to the front porch. Upon arriving to the porch, Resident A indicated he could not go down the stairs. Resident A walks with the assistance of a walker and utilizes a wheelchair. Mr. Morton stated during the fire drills, Resident A exits to the back porch due to the facility not being wheelchair accessible. He stated Resident A does not go down the stairs.

On 08/10/2021, Mr. Younes indicated the front ramp to the facility is near completion and the company will soon start on the back ramp. He had no comment on why the ramp was not already installed for the safety of Resident A.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	The safety of Resident A is not always being attended to. Resident A cannot evacuate the facility.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 07/27/2021, I observed the facility to be equipped with a shower chair, bedside commode, walker, and wheelchair. There are no written authorizations for the devices.

Resident B stated she had a shower chair for convenience, but it is not required from her doctor. Resident A stated he utilizes a walker, wheelchair and bedside commode.

Per my conversation with Mr. Younes, he indicated the doctor would not provide him with authorization for Resident B's shower chair. In addition, he stated he is in the process of obtaining authorizations for Resident A.

APPLICABLE RULE	
R 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.
ANALYSIS:	The facility is equipped with assistive devices. There are no authorizations for them.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the onsite inspection, I observed caustics to be unlocked under the kitchen sink.

Mr. Younes stated he will remove all cleaning supplies and place them in a locked area. He had no comment regarding why they were not originally safeguarded.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.
ANALYSIS:	Caustics were stored unlocked under the kitchen sink.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 07/30/2021, I observed a screen in the living room of the facility to have holes in it.

According to Mr. Younes, he was not aware of the screen having holes or being torn.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.
ANALYSIS:	A screen in the living room of the facility had holes and is in need repair.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

At the time of the onsite investigation, I observed furniture blocking egress, doorknobs missing handles and the bath tub need reglazing. A light fixture was hanging from the wall, the interior door was weathered/worn, and the floor was buckling on the side of the toilet.

While onsite Mr. Morton moved the couch to not block the egress. He also stated he is aware of the tub needing glazing. He had no comment for the doorknobs, hanging fixture or weathered/worn door.

Per my telephone conversation with Mr. Younes, he is aware of the door and will replace it. Mr. Younes had no comment regarding the additional areas.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

ANALYSIS:	The facility is not being maintained to provide adequately for the health and safety of the residents. Furniture is blocking the means of egress, doorknobs are loose and missing handles, the tub needs reglazing, fixtures are hanging from the walls, a door is weathered, and the bathroom floor is buckling.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During my onsite inspection on 07/30/2021, I observed a commode bucket with smeared feces on the back porch, the leaves from trees were touching and surrounding the home. There were stacks of cut tree/bush trimmings in a pile and in need of removal. I also observed weeds growing out of the gutters.

Mr. Morton indicated he had not had an opportunity to remove the pile of trimmings. He stated he is the “only one working and trying to do his best”.

On 08/10/2021, Mr. Younes indicated the commode does not contain smeared feces, but it does contain cigarette butts. He also indicated he will have someone come to the home to look at the tree branches and cut them back.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.
ANALYSIS:	There is a commode bucket on the back porch that appears to have smeared feces in it. In addition, the leaves from trees were touching and surrounding the home. There were stacks of trimmings in need of removal.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference SIR dated 09/18/2020; CAP dated 10/06/2020

INVESTIGATION:

At the time of the onsite investigation, I observed that the facility needed cleaning. The outside of the refrigerator was dirty on the front and side, the couch was dirty, and the floor was peeling paint. The walls, stairs, carpet, lamp shade and handrails were all dirty. The carpet needed cleaning from dirt and white powder. The fabric chairs need cleaning.

During my inspection, Mr. Morton had no comment regarding the conditions of the home.

Per my telephone conversation with Mr. Younes, he indicated the home is in clean condition.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	The home furnishing and housekeeping standards were not clean and in an orderly appearance. The facility needs cleaning.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During my onsite investigation, I observed the floors, walls, and ceiling to need cleaning and repair. Areas of the ceiling appeared to have buckles and peeling paint.

Mr. Morton stated the ceiling was recently repaired and patched and it has the appearance of buckling, but it does not leak.

Resident D was interviewed regarding the ceiling. He stated it used to leak in the home but not anymore.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	The floors, ceiling and walls of the facility need cleaning and repair.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference LSR dated 10/16/2019; CAP dated 12/16/2019

INVESTIGATION:

On 07/27/2021, I observed the facility stairs to need tuckpointing. The stairs are cracked.

On 08/10/2021, Mr. Younes stated he is aware of the stairs.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(9) Stairway risers and treads shall be a uniform and consistent size. Stairways that form a part of a required means of egress shall change direction at landings only.
ANALYSIS:	The facility steps need tuckpointing. The stairs are no longer uniform and consistent in sizing.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 07/30/2021, I observed Resident A's bedroom not equipped with a closet or wardrobe.

Resident A indicated that he does not have a closet or wardrobe.

Mr. Younes indicated he is aware Resident A does not have a closet or wardrobe.

APPLICABLE RULE	
R 400.14410	Bedroom furnishings.
	(1) The bedroom furnishings in each bedroom shall include all of the following: (a) An adequate closet or wardrobe.
ANALYSIS:	Resident A's bedroom was not equipped with a closet or wardrobe.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

At the time of the onsite investigation, I observed the smoke detector on the table and not mounted to the wall. In the addition, the detector was not functioning.

Staff Mr. Moton stated the batteries needed changing.

Per my conversation with Mr. Younes, the detector had been down for one day to change the batteries.

APPLICABLE RULE	
R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.
	(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.
ANALYSIS:	The smoke detector was on the table and not mounted to the wall. The detector was not functioning properly. Staff stated the detector needed batteries.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference LSR dated 11/30/2017; CAP dated 12/05/2017

INVESTIGATION:

During the onsite inspection I observed that the facility was not equipped with approved/required fire extinguishers.

On 08/10/2021, Mr. Younes indicated he purchased new extinguishers for the facility.

APPLICABLE RULE	
R 400.14506	Fire extinguishers; location, examination, and maintenance.
	(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.
ANALYSIS:	The facility is not equipped with approved fire extinguishers.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

While onsite, I observed one fire extinguishers not tagged to verify maintenance and examination. Furthermore, I observed another extinguisher to be tagged and last served November 2017.

On 08/10/2021, Mr. Younes stated this was an old extinguisher and it should have been thrown out.

APPLICABLE RULE	
R 400.14506	Fire extinguishers; location, examination, and maintenance.
	(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.
ANALYSIS:	The maintenance of fire extinguishers is unknown because they are not tagged. In addition, one extinguisher was last serviced November 2017, thus the current condition is unknown.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the onsite investigation, I observed the facility egress doors equipped with locking against egress hardware.

On 08/10/2021, Mr. Younes stated he is aware of the locks and will have them changed.

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
ANALYSIS:	The facility doors are equipped with locking against egress hardware.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the 07/27/2021 onsite investigation, I observed the interior door/fire door of the facility missing the top hinge and does not have a positive latch.

On 08/10/2021, Mr. Younes stated he is aware of the condition of the door and will have it replaced.

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.
ANALYSIS:	The interior door does not latch to close and is off the hinge.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the onsite inspection I observed Resident A to require regular use of a walker and wheelchair. The facility is not equipped with approved ramps at the means of egress.

On 07/27/2021, Resident A stated he does not leave the facility because he cannot go down the stairs. He stated he spends time in his room and on the back porch.

On 08/10/2021, Mr. Younes indicated the ramp at the front of the home is near completion. Upon completion, a ramp will be installed on the back of the home. Mr. Younes had no comment when asked why the ramp was not installed when the health of the resident changed.

APPLICABLE RULE	
R 400.14509	Means of egress; wheelchairs.
	(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.
ANALYSIS:	Resident A requires regular use of a walker and wheelchair. The facility is not equipped with ramps at means of egress.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the 07/30/2021 onsite investigation, I observed that Resident A does not have access to a bathing facility on the floor of his bedroom. Resident A and Resident B reside on the first floor. The shower is located inside of Resident B's bedroom.

On 08/10/2021, Mr. Younes indicated Resident A can shower in Resident B's room while she is in the living room, or he can go upstairs. When reminded Resident A has limitations, Mr. Younes had no additional comments.

On 07/29/2021 and 08/10/2021, I completed a telephone exit conference with Mr. Younes, licensee designee. I informed him I am seeking negative action against the license. He had no comment.

APPLICABLE RULE	
R 400.14407	Bathrooms
	(6) At least 1 bathing facility that is available for resident use shall be provided on each floor that has resident bedrooms.
ANALYSIS:	Resident A does not have access to a bathing facility on the floor of his bedroom.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

I recommend revocation of the license.

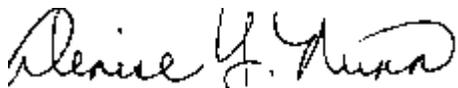


08/11/2021

LaKeitha Stevens
Licensing Consultant

Date

Approved By:



08/11/2021

Denise Y. Nunn
Area Manager

Date