



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 15, 2021

Wycliffe Opiyo
Mercy Homes Assisted Living LLC
2901 Asbury St.
Kalamazoo, MI 49048

RE: License #: AS390380979
Investigation #: 2021A0581050
Mercy Homes Assisted Living

Dear Mr. Opiyo:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390380979
Investigation #:	2021A0581050
Complaint Receipt Date:	08/23/2021
Investigation Initiation Date:	08/25/2021
Report Due Date:	10/22/2021
Licensee Name:	Mercy Homes Assisted Living LLC
Licensee Address:	2901 Asbury St. Kalamazoo, MI 49048
Licensee Telephone #:	(817) 781-6512
Administrator:	Wycliffe Opiyo
Licensee Designee:	Wycliffe Opiyo
Name of Facility:	Mercy Homes Assisted Living
Facility Address:	2901 Asbury St. Kalamazoo, MI 49048
Facility Telephone #:	(817) 781-6512
Original Issuance Date:	09/26/2016
License Status:	REGULAR
Effective Date:	03/24/2021
Expiration Date:	03/23/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
The facility has a lot of “bugs.”	No
The food in the facility is terrible.	No
The facility’s bathrooms aren’t clean.	No
Additional Findings	Yes

III. METHODOLOGY

08/23/2021	Special Investigation Intake 2021A0581050
08/25/2021	Special Investigation Initiated - On Site Interviewed resident and staff.
08/25/2021	Exit conference with licensee designee, Wycliffe Opiyo.

ALLEGATION:

The facility has a lot of “bugs.”

INVESTIGATION:

On 08/23/2021, I received this complaint through the Bureau of Community Health Systems (BCHS’) on-line complaint system. The complaint provided no additional information other than alleging the facility “had a lot of bugs.”

On 08/25/2021, I conducted an unannounced on-site inspection at the facility. I interviewed the licensee designee and administrator, Wycliffe Opiyo, direct care staff, Moses Mia, and Resident A, who was the only resident in the facility during the on-site.

I inspected the facility for signs of bugs or pests as indicated by the allegations; however, I did not observe any signs of insects, pests or rodents that were putting the health of the residents at risk.

Mr. Opiyo denied the allegations. He stated one of the residents had seen bugs, but it was outside of a resident window. He stated despite the bugs being located outside, he still eradicated them. I interviewed direct care staff, Moses Mia. His statement to me was consistent with Mr. Opiyo’s statement to me. Resident D also denied the facility having a bug problem.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	Based on my observation of the facility and my interviews with the licensee designee/administrator, Wycliff Opiyo, direct care staff, Moses Mia, and Resident D, there is no evidence indicating the facility has an insect, rodent, or pest issue that is putting the resident's health at risk.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The food in the facility is terrible.

INVESTIGATION:

I interviewed Mr. Opyio regarding the quality of the facility's food. He denied the allegations. He stated Resident B, who was not currently at the facility, had been excessively complaining in order to have an excuse to leave the facility. He indicated he takes pride in providing quality food and meals for the residents. He stated if any resident wanted something specific then he will get it for them. During my on-site inspection, I observed food in the facility's refrigerator, freezer, and pantry. The food I observed appeared to be of nutritious value. There was meat, milk, eggs, vegetables, and bread. I reviewed the facility's menu and determined the items listed for breakfast, lunch, and dinner, to also be of nutritious value.

I interviewed Resident D at the facility. He indicated the food is "decent" and that he always has access to fruit and vegetables. He indicated the facility serves such meals as fried chicken, roasted chicken, rice, and mashed potatoes.

APPLICABLE RULE	
R 400.14402	Food service.
	(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.

ANALYSIS:	Based on my investigation, which included interviews with the licensee designee/administrator, Mr. Opiyo, direct care staff, Moses Mia, and Resident A, my observations of the food within the facility, there is no evidence indicating the food being served to residents is not safe for human consumption, clean, wholesome, and free from spoilage.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility's bathrooms are not clean.

INVESTIGATION:

I observed the facility's only two bathrooms during my on-site inspection. Overall, the bathrooms were observed to be clean and orderly, as required. The bathrooms did not present in an uncomfortable, unclean, or disorderly appearance.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	Based on my observations, the facility's two bathrooms were comfortable, clean, and orderly, as required.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS

INVESTIGATION:

During my on-site and observation of the facility's refrigerator, I observed resident insulin pens in the refrigerator door accessible to whoever opens the refrigerator. I informed Mr. Opiyo during the inspection the medication needed to be in a locked refrigerator.

APPLICABLE RULE	
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. 369 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Law, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	Resident's insulin pens were observed in the facility's refrigerator, which was unlocked. All resident medication needs to be locked up even when it requires refrigeration.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During my on-site, I observed multiple windows that were broken and had cracks in them. The upper glass in the resident bedroom window on the lower level right side was observed having several cracks throughout the entire pane.

Additionally, the sidelight/glass panel to the left of the facility's front door on the lower level was also observed to have several cracks in the lower section, which had duct tape over them. Additionally, I observed a 1-inch section of glass at the top of the glass panel that was completely missing a section of glass across the entire panel. A piece of duct tape was over this missing section of glass.

Mr. Opyio indicated he would have maintenance address the cracks in the windows.

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:	Based on my observation, the facility had a resident bedroom window and the facility's sidelight/glass panel to the left of the lower-level front door to have cracked glass indicating they are not in sound condition nor were the windows weather or watertight, as required.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

The facility's downstairs bathroom had an approximate three by six inch section of vinyl flooring missing near the standup shower making it permeable to water. There was also an approximate three foot by three foot section behind the bathroom door that was also missing vinyl flooring. Mr. Opyio could not tell me how long the flooring had been missing but indicated it would be addressed.

Additionally, I observed the bedroom across from the upstairs bathroom to have warped flooring behind the dresser indicating it had been damaged by water and needed repair. I also observed liquid on the floor; however, it did not appear to come from the ceiling or window. Mr. Opyio also indicated he would have maintenance address the warped flooring.

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:	Based on my observations, both bathrooms in the facility had missing vinyl flooring and needed repair. Additionally, the bedroom floor across from across the upstairs bathroom was observed to be warped indicating water damage.
CONCLUSION:	VIOLATION ESTABLISHED

On 08/25/2021, I conducted my exit conference with licensee designee, Wycliffe Opiyo, during the on-site inspection. Mr. Opiyo indicated he would address the concerns observed during the on-site inspection.

IV. RECOMMENDATION

Upon receipt of an acceptable plan of correction, I recommend no change in the current license status.

Cathy Cushman

09/07/2021

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

09/15/2021

Dawn N. Timm
Area Manager

Date