

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 25, 2021

Jean Nyambio Detroit Family Home, INC. Suite 202 17356 W. 12 Mile Road Southfield, MI 48076

RE: License #: AS820394649

Detroit Family Homes 15821 Kentucky Detroit, MI 48238

#### Dear Mr. Nyambio:

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.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

Edith Richardson, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-1934

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

#### I. IDENTIFYING INFORMATION

**Licensee #:** AS820394649

**Licensee Name:** Detroit Family Home, INC.

Licensee Address: Suite 202

17356 W. 12 Mile Road Southfield, MI 48076

**Licensee Telephone #:** (313) 270-7751

Licensee/Licensee Designee: Jean Nyambio, Designee

Administrator: Jean Nyambio

Name of Facility: Detroit Family Homes

Facility Address: 15821 Kentucky

Detroit, MI 48238

**Facility Telephone #:** (313) 270-7751

Original Issuance Date: 02/08/2019

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s): 08/19/2021
Date	e of Bureau of Fire Services Inspection if applicable:
Date of Health Authority Inspection if applicable:	
Insp	ection Type:
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes  No NA NA If no, explain.  Water temperatures checked? Yes No If no, explain.
•	Incident report follow-up? Yes ☐ No ☒ If no, explain. N/A
•	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:

#### R 400.14401 Environmental health.

(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.

The hot water temperature was 130 degrees Fahrenheit.

#### 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.

Resident A was smoking a cigarette in her bedroom.

#### R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

No handrail in the first-floor bath area.

## 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.

A deadbolt lock was on the side door. A deadbolt lock is not non-locking-against-egress hardware.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Edith Richardson

Licensing Consultant

Take ARhen

08/25/2021

Date