

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 8, 2021

Onajite Toweh Favored Group Home Inc 18346 15 1/2 Mile Rd Marshall, MI 49068

RE: License #: AS820284982

Beech Daly Adult Foster Care Home

15836 Beech Daly Redford, MI 48239

Dear Ms. Toweh:

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,

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

Regina Buchanon

(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AS820284982

Licensee Name: Favored Group Home Inc

Licensee Address: 18346 15 1/2 Mile Rd

Marshall, MI 49068

Licensee Telephone #: (248) 250-4514

Licensee/Licensee Designee: Onajite Toweh

Administrator: Onajite Toweh

Name of Facility: Beech Daly Adult Foster Care Home

Facility Address: 15836 Beech Daly

Redford, MI 48239

Facility Telephone #: (248) 250-4514

Original Issuance Date: 01/05/2007

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		12/08/2021	
Date of Bureau of Fire Ser	vices Inspection if app	licable:	12/08/2021
Date of Health Authority In	spection if applicable:		N/A
Inspection Type:	☐ Interview and Obs	servation	
No. of staff interviewed and No. of residents interviewe No. of others interviewed			1 4
Medication pass / sim	ulated pass observed?	Yes ⊠	No ☐ If no, explain.
Medication(s) and me	dication record(s) revie	wed? Ye	es 🗵 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. Residents had already eaten Fire drills reviewed? Yes ⋈ No ☐ If no, explain. 			
Fire safety equipment	and practices observe	d? Yes[⊠ No □ If no, explain.
lf no, explain.	Special Certification Or hecked? Yes ⊠ No [
Incident report follow-	up? Yes⊠ No ☐ If	no, expla	in.
12/09/2019 Rules: 30	compliance verified? 1(4), 301(6), 401(2) N/ mployees followed-up	A 🔲 🖳	CAP date/s and rule/s: N/A ⊠
 Variances? Yes □ (r 	olease 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 140 degrees Fahrenheit.

REPEAT VIOLATION (RENEWAL INSPECTION 12/09/2019)

IV. RECOMMENDATION

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

12/08/2021

Date

Regina Buchanan Licensing Consultant

Regina Buchanon