

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 27, 2021

Evonne Williams MAKA SIL & Group Home Inc Suite 307 24123 Greenfield Road Southfield, MI 48075

RE: License #: AS820289615

MAKA Group Home, Inc. 4775 W. Outer Dr. Detroit, MI 48235

Dear Mrs. Williams:

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,

K. Robinson, LMSW, Licensing Consultant Bureau of Community and Health Systems

K. Robinson

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820289615

Licensee Name: MAKA SIL & Group Home Inc

Licensee Address: Suite 307

24123 Greenfield Road Southfield, MI 48075

Licensee Telephone #: (248) 595-8108

Licensee/Licensee Designee: Evonne Williams, Designee

Administrator: Evonne Williams

Name of Facility: MAKA Group Home, Inc.

Facility Address: 4775 W. Outer Dr.

Detroit, MI 48235

Facility Telephone #: (313) 646-6112

Original Issuance Date: 05/08/2007

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of	Date of On-site Inspection(s):			10/27/2021	
Date of Bureau of Fire Services Inspection if applicable:					
Date of Health Authority Inspection if applicable:					
Inspect	ion Type:	☐ Interview and Obs	servation		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 01 Role: Area Manager					
All	 Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. All residents gone on an outing to mitigate Covid-19 risks. Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain 				
Ye	 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. 				
• Fire	Fire drills reviewed? Yes ⊠ No □ If no, explain.				
• Fire	Fire safety equipment and practices observed? Yes \square No \boxtimes If no, explain.				
If n	E-scores reviewed? (Special Certification Only) Yes No N/A N/A If no, explain. Water temperatures checked? Yes No If no, explain.				
• Inc	Incident report follow-up? Yes ⊠ No □ If no, explain.				
31	5(13) N/A 🗌	compliance verified? \nployees followed-up?		CAP date/s and rule/s:	
• Va	riances? Yes ☐ (ple	ease explain) No	N/A 🖂		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

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.

Observed the brick structure underneath the porch crumbling which poses a safety hazard. Photo available.

IV. RECOMMENDATION

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

10/27/21

Kara Robinson Licensing Consultant

Date