



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 3, 2022

Osaretin Uwaifo  
Amen's Care, Inc.  
9014 Rockland  
Redford, MI 48239

RE: License #: AS820296748  
**Ireti**  
**8335 Roselawn**  
**Detroit, MI 48204**

Dear Mrs. Uwaifo:

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,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
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 #:** AS820296748

**Licensee Name:** Amen's Care, Inc.

**Licensee Address:** 9014 Rockland  
Redford, MI 48239

**Licensee Telephone #:** (313) 478-1734

**Licensee/Licensee Designee:** Osaretin Uwaifo, Designee

**Administrator:** Osaretin Uwaifo

**Name of Facility:** Ireti

**Facility Address:** 8335 Roselawn  
Detroit, MI 48204

**Facility Telephone #:** (313) 935-0345

**Original Issuance Date:** 05/26/2009

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/01/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 02  
No. of residents interviewed and/or observed 04  
No. of others interviewed 01 Role: licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to the Covid-19 pandemic, this inspection was completed virtually to mitigate risks.
- Medication(s) and medication record(s) reviewed? Yes  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.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- 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 330.1803**

**Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

Observed 2 of 7 E-scores were completed beyond the 30-day requirement. Resident A.V.'s was completed 2 days late and Resident R.L.'s was completed 3 days late.

This is a **TWICE REPEATED VIOLATION**; See Renewal LSRs dated 3/2/20 and 3/5/18. Mrs. Uwaifo signed corrective action plans on 3/17/20 and 3/29/18 which outline steps she will implement to achieve compliance with the Rule. *Note: Continued non-compliance will result in modification of the specialized certification.*

**R 400.14204          Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(a) Reporting requirements.**

Direct care worker, Eki Cole was hired to work at the facility on 2/1/21. Ms. Cole's employee record does not contain verification of completion of Reporting requirements training.

**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.

Resident K.L. did not have a physical exam completed 90 days prior to his admission to the home or within 30 days of the placement. He was placed at Ireti on 10/16/20; the licensee obtained a copy of his health care appraisal dated 3/18/20. There are no other health care appraisals in the resident record during 2020.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 3/2/20. Mrs. Uwaifo submitted a corrective action plan on 3/17/20 with plans to achieve compliance with the 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.

The licensee has no record of Resident K.L.'s annual (2021) Resident Care Agreement.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 3/5/18. Mrs. Uwaifo submitted a signed corrective action plan on 3/29/18 with plans to achieve compliance with the Rule.

**R 400.14311      Investigation and reporting of incidents, accidents, illnesses, absences, and death.**

(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:

- (c) Incidents that involve any of the following:
  - (i) Displays of serious hostility.
  - (ii) Hospitalization.
  - (iii) Attempts at self-inflicted harm or harm to others.
  - (iv) Instances of destruction to property.

Per the Office Manager, Resident S.D. was hospitalized at Stonecrest hospital 8/24/21 – 9/28/21 and Receiving Hospital 11/12/21 – 11/18/21. Mrs. Uwaifo did assure a copy of these incident reports were forwarded to LARA for review.

**R 400.14315 Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Observed Resident Funds Part II forms are prefilled with dates and transaction amounts. However, K.L.'s February funds were signed out as having been received on 2/3/22 when the date of the review was 2-days prior on 2/1/22. Additionally, the Office Manager reported the resident's fund had not been received by the guardian yet. Therefore, the licensee has not maintained an accurate accounting of resident funds. Fund transactions are documented prematurely, plus the amount isn't always accurate (see 10/16/20 cost of care rate is not prorated for K.L.).

This is a **REPEAT VIOLATION**; See Renewal LSR dated 3/2/20. Mrs. Uwaifo submitted a corrective action plan on 3/17/20 with plans to achieve compliance with the Rule.

**R 400.14408 Bedrooms generally.**

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

Observed 1 of 5 bedrooms does not have a door that closes to form a positive latch.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 3/5/18. Mrs. Uwaifo submitted a signed corrective action plan on 3/29/18 with plans to achieve compliance with the 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 and 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.



The licensee has no record of Resident K.L.'s annual (2021) AFC Assessment Plan. The Office Manager reported the original was mailed to the guardian for signature and has yet to be returned. I provided technical assistance to Mrs. Uwaifo informing her to make copies of the form before sending it to others.

#### IV. RECOMMENDATION

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



02/03/22

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Date

Licensing Consultant