



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 21, 2022

Tema Pefok  
Precious AFC Home, Inc.  
7435 Silver leaf Lane  
West Bloomfield, MI 48322

RE: License #: AS820399660  
**Ferndale**  
**36855 Ferndale**  
**Romulus, MI 48174**

Dear Mrs. Pefok:

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 black ink, appearing to read 'Denasha Walker', with a stylized flourish at the end.

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

**License#:** AS820399660

**Licensee Name:** Precious AFC Home, Inc.

**Licensee Address:** 7435 Silver leaf Lane  
West Bloomfield, MI 48322

**Licensee Telephone #:** (248) 506-5329

**Licensee/Licensee Designee:** Tema Pefok

**Administrator:** Tema Pefok

**Name of Facility:** Ferndale

**Facility Address:** 36855 Ferndale  
Romulus, MI 48174

**Facility Telephone #:** (734) 442-7041

**Original Issuance Date:** 08/20/2019

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/15/2022

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 1  
No. of residents interviewed and/or observed 1  
No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A full worksheet inspection was completed.
- 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:  
CAP Dated 2/19/2020 R 400.14208 (1)(f), R 400.14301 (10), R 400.14301 (4),  
R 400. 14311 (1), R 400.14312 (4)(b), R 400.14315 (3), R 400.14318 (5),  
R 400. 14401 (2), R 400.14401 (6), R 400.14402 (3), R 400. 14403 (6) 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.

At the time of inspection, evacuation assessment (E-scores) was not completed within 30 days of Residents D and E's admission into the home.

- E-scores that were conducted, were inaccurate and not properly calculated.

**R 330.1806                      Staffing levels and qualifications.**

(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff

comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all of the following areas:

(a) An introduction to community residential services and the role of direct care staff.

(b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.

(c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.

(d) Basic first aid and cardiopulmonary resuscitation

(e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.

(f) Preventing, preparing for, and responding to environmental emergencies, for example, power failures, fires, and tornados.

(g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.

(h) Non-aversive techniques for the prevention and treatment of challenging behavior of clients.

At the time of inspection, Isatou Nyang staff file didn't contain verification that he successfully completed a course of training in the following:

- Proper precautions and procedures for administering prescriptive and nonprescriptive medications.
- Non-aversive techniques for the prevention and treatment of challenging behavior of clients.

**R 400.14205**

**Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, Isatou Nyang staff file didn't contain a statement signed by a licensed physician attesting to the knowledge her physical health within 30 days of hire.

**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, the 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.

At the time of inspection:

- Resident A's resident file did not contain an annual 2020 or 2021 assessment plan.
- Resident B's 2020 and 2022 assessment plan was not signed by her designated representative.
- Resident C's assessment plan was not signed by the licensee designee.

**\*REPEAT VIOLATION\* LSR DATED 2/19/2020 CAP DATED 2/19/2020\***

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection:

- The emergency and evacuation drills from 3/2020 – 6/2020 were not available for department review.
- During some of the fire drills conducted, the forms did not contain times that the evacuations were conducted. I am unable to determine emergency and evacuation procedures were conducted during daytime, evening, and sleeping hours at least once per quarter.

**\*REPEAT VIOLATION\* LSR DATED 2/19/2020 CAP DATED 2/19/2020\***

**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.

At the time of inspection:

- The access panel on the side of the toilet in the main bathroom was not secured or properly fastened to the wall.
- The facing on the cabinet in the main bathroom was not in good repair.
- The lightbulbs need to be replaced the resident's bedroom bathroom.
- The shower curtain in the main bathroom was hanging and not in good condition.
- The closet doors were not on track in resident bedrooms #1 and #3.
- The carpet in resident bedroom #3 is heavily stained and not in good condition.
- The walls in resident bedroom #4 are unfinished and not in good repair.

**R 400.14403          Maintenance of premises.**

(14) Hot water pipes and steam radiators that are located in resident occupied areas shall be shielded to protect against burns.

At the time of inspection, the baseboard heating hardware is exposed and not shielded to protect against burns.

**R 400.14410          Bedroom furnishings.**

(1) The bedroom furnishings in each bedroom shall include all of the following:

- (b) Lighting that is sufficient for reading and other resident activities.



At the time of inspection, resident bedroom #2 is not equipped with sufficient lighting.

**R 400.14410      Bedroom furnishings.**

(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a water bed is not prohibited by this rule.

At the time of inspection, resident bedroom #1 mattress was not well protected with a mattress protector.

**R 400.14411      Linens.**

(2) A licensee shall provide at least 1 standard bed pillow that is comfortable, clean, and in good condition for each resident bed.

At the time of inspection, resident bedrooms #2 and #3 pillows were not in good condition.

**IV. RECOMMENDATION**

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



2/21/2022

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Denasha Walker  
Licensing Consultant

Date