



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 28, 2022

Happiness Nwaopara
Divined Company
6400 Royal Pointe Drive
West Bloomfield, MI 48322

RE: License #: AS820337215
Divined Company: Park Place Home
35842 Park Place
Romulus, MI 48174

Dear Mrs. Nwaopara:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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".

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 #:	AS820337215
Licensee Name:	Divined Company
Licensee Address:	6400 Royal Pointe Drive West Bloomfield, MI 48322
Licensee Telephone #:	(248) 346-4397
Licensee/Licensee Designee:	Happiness Nwaopara, Designee
Administrator:	Happiness Nwaopara
Name of Facility:	Divined Company: Park Place Home
Facility Address:	35842 Park Place Romulus, MI 48174
Facility Telephone #:	(248) 346-4397
Original Issuance Date:	08/02/2013
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/24/2022

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 05

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Due to the Covid-19 pandemic, face to face contact was limited 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 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:
(b) First aid.**

Direct care worker, Cynthia Unachukwu was hired to work at the facility on 10/12/21; she has no verification of training in First Aid. The licensee designee reported she thought both CPR and First Aid was documented on the card when it only covered CPR and AED.

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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

The licensee did not obtain Cynthia's TB test results before she assumed her job duties. Specifically, Cynthia's TB test results are dated 12/9/21 which is close to 2 months after hire.

R 400.14208 Direct care staff and employee records.

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(f) Verification of reference checks.**

Cynthia had no reference checks in her employee record.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(b) A description of services to be provided and the fee for the service.

The licensee did not assure T.K.'s basic fee for service was documented on her most recent Resident Care Agreement (signed and dated 12/18/21).

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



03/28/22

Kara Robinson
Licensing Consultant

Date