



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 11, 2022

Kehinde Ogundipe  
Eden Prairie Residential Care, LLC  
G 15 B  
405 W Greenlawn  
Lansing, MI 48910

RE: License #: AS630405489  
**Genesis Home**  
**21004 Reimanville**  
**Ferndale, MI 48220**

Dear Mr. Ogundipe:

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.

~~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.~~

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing

will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630405489
<b>Licensee Name:</b>	Eden Prairie Residential Care, LLC
<b>Licensee Address:</b>	G 15 B 405 W Greenlawn Lansing, MI 48910
<b>Licensee Telephone #:</b>	(214) 250-6576
<b>Administrator/Licensee Designee:</b>	Kehinde Ogundipe
<b>Name of Facility:</b>	Genesis Home
<b>Facility Address:</b>	21004 Reimanville Ferndale, MI 48220
<b>Facility Telephone #:</b>	(248) 951-2616
<b>Original Issuance Date:</b>	10/04/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/31/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 4  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- 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.  
Meal preparation did not occur during inspection
- 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:

<b>R 330.1803</b>	<b>Facility environment; fire safety.</b>
	<p>(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:</p> <p>(a) Improve the score to at least the "slow" category.</p> <p>(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.</p>

During my on-site inspection on 03/31/2022, I reviewed the evacuation assessment plan completed on 10/05/2021; however, the F-1 Worksheet for Rating Residents and the F-2 Worksheet for Calculating Evacuation Difficulty Score were incomplete.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<p>(11) A licensee shall contact a resident's physician for instructions as to the care of the resident if the resident requires the care of a physician while living in the home. A licensee shall record, in the resident's record, any instructions for the care of the resident.</p>

During the on-site inspection on 03/31/2022, Resident B did not have physician instructions as to the care of a physician in their resident's records since admission date of 01/06/2022.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

During the on-site inspection on 03/31/2022, the assessment plan dated 10/18/2021, was not signed by Resident A's designated representative.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.

During the on-site inspection on 03/31/2022, Resident A's resident care agreement dated 01/16/2022 was not signed by their designated representative nor the responsible agency and Resident B's resident care agreement dated 01/06/2022 was not signed by their responsible agency.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

During the on-site inspection on 03/31/2022, Resident C had a prescription cream sitting on his nightstand in his bedroom instead of in a locked cabinet or drawer.

**REPEAT VIOLATION ESTABLISHED**

**Reference SIR #2022A0605004 dated 12/20/2021, CAP dated 12/28/2021**

<b>R 400.14312</b>	<b>Resident medications.</b>
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the on-site inspection on 03/31/2022, I reviewed Resident A’s and Resident B’s medications and medication logs and found the following errors:

- Resident B’s **Doxepin HCL CAP 50MG**: one capsule at bedtime blister pack was started on 03/21/2022 and should have had 10 pills popped out but there were only 9 pills missing; therefore, Resident B was not given this medication pursuant to label instructions.

**REPEAT VIOLATION ESTABLISHED**

**Reference SIR #2022A0605004 dated 12/20/2021, CAP dated 12/28/2021**

<b>R 400.14312</b>	<b>Resident medications.</b>
	(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.

During the on-site inspection on 03/31/2022, Resident C was applying their prescription medication cream without staff supervision. Resident C did not have a written authorization from their prescribing physician specifically stating that Resident C can apply the prescription cream without supervision.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 03/31/2022, I reviewed Resident A's and Resident B's medications and medication logs and found the following errors:

- Resident A's **Olanzapine 15MG**: one tab at bedtime was given on 03/30/2022 at 8PM, but staff did not initial the medication log.
- Resident A's **Trazodone 150MG**: one tab at bedtime was given on 03/30/2022, but staff did not initial the medication log.
- Resident A's **Carbamazepine 200MG**: one tab three times daily was given on 03/30/2022 at 8PM but staff did not initial the medication log.
- Resident A's **Levetiracetam TAB 750MG**: one tab twice daily was given on 03/30/2022 at 8PM, but staff did not initial the medication log.
- Resident B's **Lithium Carbonate 600MG**: one tab at bedtime was given on 03/30/2022 at 8PM, but staff did not initial the medication log.
- Resident B's **Trazodone HCL 100MG**: one tab at bedtime was given on 03/30/2022 at 8PM, but staff did not initial the medication log.
- Resident B's **Doxepin HCL 50MG**: one tab at bedtime was given on 03/30/2022 at 8PM, but staff did not initial the medication log.

**REPEAT VIOLATION ESTABLISHED**

**Reference SIR #2022A0605004 dated 12/20/2021, CAP dated 12/28/2021**

<b>R 400.14313</b>	<b>Resident nutrition.</b>
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

During the on-site inspection on 03/31/2022, there were changes/substitutions made to the menu, but were not noted or considered part of the original menu.

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(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.

During the on-site inspection on 03/31/2022, Resident A's funds and valuables part I was incomplete.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(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.



During the on-site inspection on 03/31/2022, the hot water temperature was outside the safe range of 105°-120° Fahrenheit in the kitchen (150.6°), bathroom #1 (156.4°), and bathroom #2 (152.6°).

<b>R 400.14402</b>	<b>Food service.</b>
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

During the on-site inspection on 03/31/2022, there was no thermometer in the freezer located in the basement.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the on-site inspection on 03/31/2022, bedroom #1 door was not opening completely as it was rubbing against the floor and the curtain rod in bedroom #1 was hanging off the drywall.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.

During the on-site inspection on 03/31/2022, the backyard was full of debris and litter.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

During the on-site inspection on 03/31/2022, there was a puddle of water on the floor in the basement coming from the furnace.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



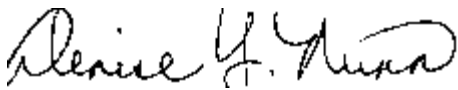
04/05/2022

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Frodet Dawisha  
Licensing Consultant

Date

Approved by:



04/11/2022

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Denise Y. Nunn  
Area Manager

Date