

GRETCHEN WHITMER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 15, 2022

Asfaw Wendemagenehu Girum Adult Fostercare 124 Whittemore Pontiac, MI 48342

RE: License #: AS630337955

Girum AFC Home LLC 124 Whittemore Pontiac, MI 48342

#### Dear Mr. Wendemagenehu:

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 (248) 975-5053.

Sincerely,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342 (248) 860-4475

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

#### I. IDENTIFYING INFORMATION

**License #:** AS630337955

**Licensee Name:** Girum Adult Fostercare

Licensee Address: 124 Whittemore

Pontiac, MI 48342

**Licensee Telephone #:** (248) 773-1744

Licensee Designee: Asfaw Wendemagenehu

Administrator: Asfaw Wendemagenehu

Name of Facility: Girum AFC Home LLC

Facility Address: 124 Whittemore

Pontiac, MI 48342

**Facility Telephone #:** (248) 481-9567

Original Issuance Date: 03/29/2013

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(	03/14/2022	
Date of Bureau of Fire Services Inspection if applicable: N/A			N/A
Date of Health Authority Inspection if applicable: N/A			N/A
Inspection Type:		☐ Interview and Observatio☐ Combination	n ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or of No. of residents interviewed and No. of others interviewed			1 0
•	Medication pass / simu	ılated pass observed?Yes 🗵	〗No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain.  There was no meal preparation/service provided at the time the on-site was conducted.  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \)		
•	Incident report follow-up? Yes ⊠ No □ If no, explain.		
•	N/A 🖂	compliance verified? Yes  mployees followed-up?	CAP date/s and rule/s:
•	_	<u> </u>	
•	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 400.14301

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

(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.

Resident A's resident care agreement did not contain a signature page.

#### R 400.14312 Resident medications.

(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.

There was medication stored in the refrigerator that was not contained in a locked box.

#### R 400.14401 Environmental health.

(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.

The water temperature in the bathroom on the main level had a reading of 125 degrees Fahrenheit, the kitchen and upstairs bathroom had a reading of 123 degrees Fahrenheit.

#### R 400.14510 Heating equipment generally.

(2) A furnace, water heater, heating appliances, pipes, woodburning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.

There was a hole in the dryer vent that contained lent build-up.

#### IV. RECOMMENDATION

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

03/15/2022

Cindy Berry

Licensing Consultant

Date