

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 31, 2022

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

RE: License #: AS820377399

Divined Company: Walnut Home

69 Walnut Street

River Rouge, MI 48218

Dear Ms. 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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

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 #: AS820377399

Licensee Name: Divined Company

Licensee Address: 6400 Royal Pointe Drive

West Bloomfield, MI 48322

Licensee Telephone #: (248) 346-4397

Licensee/Licensee Designee: Happiness Nwaopara

Administrator: Bertram Nwaopara

Name of Facility: Divined Company: Walnut Home

Facility Address: 69 Walnut Street

River Rouge, MI 48218

Facility Telephone #: (248) 346-4397

Original Issuance Date: 12/10/2015

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	05/26/2022
Date of Bureau of Fire Services Inspection if applicable:	
Date of Health Authority Inspection if applicable:	
Inspection Type:	oservation 🔀 Worksheet Full Fire Safety
No. of staff interviewed and/or observed 2 No. of residents interviewed and/or observed 5 No. of others interviewed 1 Role: licensee designee	
 Medication pass / simulated pass observed: A full worksheet inspection was completed. Medication(s) and medication record(s) reviously 	
 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 observe	ed? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification O If no, explain. Water temperatures checked? Yes ∑ No 	_
Incident report follow-up? Yes ⊠ No ☐ If	f no, explain.
• Corrective action plan compliance verified? Yes ⊠ CAP date/s and rule/s: CAP Dated 5/21/2020 R 330.1803 (6), R 400.14301 (10), R 400.14301 (4), R 400.14301 (9), R 400.14312 (4)(b), R 400.14318 (5), R 400.14408 (7) N/A □	
 Number of excluded employees followed-up 	o? 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 400.14205

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.

At the time of inspection, direct care staff, Chukwunwike Uso's employee file did not contain proof of communicable tuberculosis testing or results.

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:
 - (e) Verification of experience, education, and training.

At the time of inspection, direct care staff, Cynthia Wilson's employee file did not contain verification of medication administration 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.

At the time of inspection, Resident B's resident file did not contain a health care appraisal at the time of admission.

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.

At the time of inspection, I observed prescribed medication in the resident's bathroom and Resident B's bedroom that was not locked/safeguarded.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

At the time of inspection, I observed medication in Resident B's medication bin, that was no longer required.

IV. RECOMMENDATION

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

Denasha Walker Date Licensing Consultant

5/31/2022