



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 2, 2022

Barnie Warren  
Waram Inc  
485 E. Grand Blvd.  
Detroit, MI 48207

RE: License #: AL820007525  
**Hitt AFC**  
**485 E Grand Boulevard**  
**Detroit, MI 48207**

Dear Ms. Warren:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

**License #:** AL820007525

**Licensee Name:** Waram Inc.

**Licensee Address:** 33119 Meadowlark  
Farmington, MI 48024

**Licensee Telephone #:** (313) 476-0416

**Licensee/Licensee Designee:** Barnie Warren

**Administrator:** Barnie Warren

**Name of Facility:** Hitt AFC

**Facility Address:** 485 E Grand Boulevard  
Detroit, MI 48207

**Facility Telephone #:** (313) 571-0242

**Original Issuance Date:** 01/23/1980

**Capacity:** 20

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/27/2022

Date of Bureau of Fire Services Inspection if applicable: 01/25/2022

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 5  
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain. Full paperwork inspection
- 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: 301 (4), 301 (9), 315 (3) 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:

**400.734(b)(2) This amended section is effective January 9, 2009 except Section 734b(1)(e)(iv) after the word “or” which will not be effective until October 31, 2010 Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

(2) Except as otherwise provided in subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents after April 1, 2006 until the adult foster care facility conducts a criminal history check in compliance with subsections (4) and (5). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. Beginning April 1, 2009, an individual who is exempt under this subsection shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (12). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006. That individual may transfer to another adult foster care facility that is under the same ownership with which he or she was employed or under contract. If that individual wishes to transfer to an adult foster care facility that is not under the same ownership, he or she may do so provided that a criminal history check is conducted by the new facility in accordance with subsection (4). If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under subsection (1)(a), he or she is no longer

exempt and shall be terminated from employment or denied employment.

At the time of inspection, Staff- Cherrel Thomas, date of hire 02/01/2021, Sheila Cotton, date of hire 09/02/2021, and Tameka Craig, date of hire 03/17/2019, employee files were reviewed and did not contain verification of a criminal background check and/or a completed application.

On 05/05/2022, the Workforce Background Check was conducted on Staff- Cherrel Thomas, Sheila Cotton, and Tameka Craig. From that search, it showed there are no applications for Cherrel Thomas or Sheila Cotton for that license number. Tameka Craig was entered into the workforce background system on 11/13/2017 but was never fingerprinted, therefore, she does not have a completed background clearance.

**R 400.15203            Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

At the time of inspection, the Licensee Designee/ Administrator failed to participate in, and successfully complete, 16 hours of training and/or complete 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

**REPEAT VIOLATION LSR 11/12/2019 CAP DATE 12/02/2019**

**R 400.15204      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:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

At the time of inspection, Staff- Cherrel Thomas and Sheila Cotton's employee files were reviewed and did not contain training in the following areas: reporting requirements, first aid, cardiopulmonary resuscitation, personal care, supervision, and protection, safety and fire prevention, and prevention and containment of communicable diseases.

At the time of inspection, Staff- Tameka Craig's employee file was reviewed and did not contain training in personal care, supervision, and protection.

In addition, all staff had the same training through Detroit Wayne Integrated Health Network in their files and with no name listed for identification purposes. It should be noted these trainings were not able to be used to determine competency. Even though this paperwork was in the file, it is still not the appropriate training.

**REPEAT VIOLATION LSR 11/12/2019 CAP DATE 12/02/2019**

**R 400.15205**

**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 physician's 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, Staff- Cherrel Thomas and Sheila Cotton's employee files were reviewed and did not contain a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health.

**R 400.15205**

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

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

At the time of inspection, Licensee Designee/ Administrator- Bernie Warren's file was reviewed and did not contain verification of testing for communicable tuberculosis and subsequent testing to be verified every 3 years thereafter. Specifically, Ms. Warren was last tested for communicable tuberculosis in 2017.

**R 400.15205**

**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, Staff- Cherrel Thomas, Sheila Cotton, and Tameka Craig's employee files were reviewed and did not contain verification of testing for communicable tuberculosis and subsequent testing to be verified every 3 years thereafter or more frequently if necessary.

**R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of inspection, Staff- Tameka Craig's employee file was reviewed and did not contain verification of annual health reviews.

**REPEAT VIOLATION LSR 11/12/2019 CAP DATE 12/02/2019**

**R 400.15208 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:

- (a) Name, address, telephone number, and social security number.
- (b) The professional or vocational license, certification, or registration number, if applicable.
- (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.
- (d) Verification of the age requirement.
- (e) Verification of experience, education, and training.
- (f) Verification of reference checks.
- (g) Beginning and ending dates of employment.
- (h) Medical information, as required.
- (i) Required verification of the receipt of personnel policies and job descriptions.

At the time of inspection, Staff- Cherrel Thomas, Sheila Cotton, and Tameka Craig's employee files were reviewed and did not contain education, verification of reference checks, and verification of the receipt of personnel policies and job descriptions

**R 400.15301      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, Residents A- I's resident records were reviewed and did not contain a written assessment plan signed by the guardian and/or Licensee Designee for 2022 and 2021.

**3<sup>rd</sup> REPEAT VIOLATION LSR 11/12/2019 CAP 12/02/2019 DATE; LSR 07/28/2020 CAP DATE 07/31/2020.**

**R 400.15301      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:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

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

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R400.15315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

At the time of inspection, Residents A-D, and I's resident records were reviewed and did not contain a resident care agreement signed by the guardian and/or Licensee Designee for 2022 and 2021.

**4<sup>th</sup> REPEAT VIOLATION LSR 11/06/2017 and CAP 11/15/2017; LSR 11/12/2019 CAP DATE 12/02/2019; LSR 07/28/2020 CAP DATE 07/31/2020**

**R 400.15310      Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection, Residents A- I's resident records were reviewed and did not contain weight records for 2022 and 2021.

**R 400.15312      Resident medications.**

(4)(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, Resident A did not have a medication administration record. Staff- Tameka Craig stated that the pharmacy did not send a medication administration record to use with his medications. I observed the following medication bottles labeled for Resident A: Benzonatate 100mg one tablet twice daily as needed for cough, Amlodipine Besylate 5mg one tablet once daily, Cholecalciferol 25mcg once daily, Clarithromyan 500mg twice daily until gone (empty container), Benzonatate 100 mg two tablets three times daily as needed for cough, Diclofenac NA 15 top gel twice daily for knee pain, Guaifencen 100mg two teaspoonfuls four times daily as needed for cough.

At the time of inspection, Resident B's medication administration record was reviewed and showed the following:

- There were no dosage times for the month of April 2022 for Baclofen 20mg one tablet every eight hours, Fluticasone propionate 50mcg one spray twice daily in each nostril, Tramadol Hcl 50mg one tablet twice daily.
- No staff initials for Risperidone 0.5mg and Dilantin at 8:00am dosage from 04/08/2022 through 04/27/2022.
- No staff initials for Multivitamin at the 8:00am dosage on 04/17/2022
- No staff initials for Diltiazem HCL 60mg at the 8:00am dosage on 04/01/2022, 04/04/2022 through 04/27/2022 and 8:00pm dosage on 04/01/2022.
- No staff initials for Risperidone 0.5mg, Dilantin, Multivitamin, Diltiazem HCL 60mg, Vitamin D-1000, Topiramate 25mg at the 8:0am dosage on 03/11-13/2022 and 03/17/2022 through 03/31/2022.
- No staff initials for Risperidone 0.5mg at the 8:00pm dosage on 03/03/2022 through 03/31/2022.
- No staff initials for Diltiazem HCL 60mg at the 8:00pm dosage on 03/03/2022 through 03/15/2022 and 03/17/2022 through 03/31/2022.
- No staff initials for Simvastatin 100 at the 6:00pm dosage on 03/03-04/2022 and 3/07/2022 through 03/31/2022.
- No staff initials for Dilantin at the 8:00pm dosage on 03/03-04/2022 and 3/07/2022 through 03/31/2022.

**REPEAT VIOLATION LSR 11/12/2019 CAP DATE 12/02/2019**

**R 400.15313      Resident nutrition.**

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

At the time of inspection, Licensee Designee failed to maintain a record of menus for 1 calendar year.

**REPEAT VIOLATION LSR 11/12/2019 CAP DATE 12/02/2019**

**R 400.15318            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 licensee failed to practice fire drills and maintain a record of fire drills with actual times of day but rather labeled (1<sup>st</sup> shift ) Morning, (2<sup>nd</sup>) Afternoon, and (3<sup>rd</sup>) Night for 2022 and 2021.

**REPEAT VIOLATION LSR 11/12/2019 CAP DATE 12/02/2019**

**R 400.15403            Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Observed residents smoking on the second floor of the facility.

**REPEAT VIOLATION LSR 11/12/2019 CAP DATE 12/02/2019**

On May 2, 2022, I completed an exit conference with Licensee Designee- Bernie Warren regarding the recommendation of refusal to renew the license as it relates to the above allegations. Ms. Warren stated, "It was just paperwork and she would work on it." Ms. Warren stated she does not have anyone that will assist her in keeping up with the paperwork. Ms. Warren stated the pharmacy did not supply a medication administration record for Resident A and she did not complete one. However, Ms. Warren stated she would fill out a medication administration record for Resident A. Ms. Warren stated the residents have smoked in the facility for years and it's been a long-standing feud with the fire marshal. Ms. Warren stated if she is told what paperwork to complete, she would have no problem doing it. Ms. Warren stated she has been in the business 50 years and the residents are well taken care of by her and her staff.

**IV. RECOMMENDATION**

Refusal to renew the license is recommended.



05/05/2022

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Shatonla Daniel  
Licensing Consultant

Date

Approved by:



05/12/2022

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Ardra Hunter  
Area Manager

Date