



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 2, 2022

Sylvanus Ikeri  
Charity Home Care Services INC.  
7242 Mansfield  
Detroit, MI 48228

RE: License #: AS820285154  
**Charity Home Care Services**  
**7242 Mansfield**  
**Detroit, MI 48228**

Dear Mr. Ikeri:

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.

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-1934

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

**I. IDENTIFYING INFORMATION**

|                                    |  |
|------------------------------------|--|
| <b>Licensee #:</b>                 | AS820285154                              |
| <b>Licensee Name:</b>              | Charity Home Care Services INC.          |
| <b>Licensee Address:</b>           | 7242 Mansfield<br>Detroit, MI 48228      |
| <b>Licensee Telephone #:</b>       | (313) 207-1620                           |
| <b>Licensee/Licensee Designee:</b> | Sylvanus Ikeri, Designee                 |
| <b>Administrator:</b>              | Beauty Ikeri                             |
| <b>Name of Facility:</b>           | Charity Home Care Services               |
| <b>Facility Address:</b>           | 7242 Mansfield<br>Detroit, MI 48228      |
| <b>Facility Telephone #:</b>       | (313) 207-1620                           |
| <b>Original Issuance Date:</b>     | 11/27/2006                               |
| <b>Capacity:</b>                   | 6  |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/24/2022

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 1  
No. of residents interviewed and/or observed 6  
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Staff on duty was not qualified to pass medication.
- 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.  
N/A
- 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:

**MCL 400.734b      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.**

(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency. If the department of state police or the federal bureau of investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. The adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the individual maintained by the department of state police.

Mr. Ikeri failed to conduct a criminal history background check on direct care staff (DCS) Patricia Okoroefor. Ms. Okoroefor was the only staff on duty at the time of my onsite investigation. Ms. Okoroefor stated she did not have a criminal history background check.

**R 330.1806**

**Staffing levels and qualifications**

(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all of the following areas:

(a) An introduction to community residential services and the role of direct care staff.

(b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.

(c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.

(d) Basic first aid and cardiopulmonary resuscitation

(e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.

(f) Preventing, preparing for, and responding to environmental emergencies, for example, power failures, fires, and tornados.

(g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.

(h) Non-aversive techniques for the prevention and treatment of challenging behavior of clients.

Ms. Okoroefor did not complete a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Ms. Okoroefor stated she did not have the recipient rights/ Detroit Wayne Integrated Health Network's training.

**R 400.14203**

**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.

Mr. Ikeri failed to complete the required 16 hours of annual training. Mr. Ikeri did not submit his annual training for 2020 and 2021.

**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.**

(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.

Mr. Ikeri failed to do subsequent TB testing every three years. Mr. Ikeri's most current TB test result was dated 05/01/2018.

**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.

DCS Rufus Umeokolo did not have a current TB test result. Mr. Umeokolo's TB test result was dated 2016.

**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.**

(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.

Mr. Ikeri failed to review the health status of direct care staff Rufus Umeokolo. There was no verification of annual health reviews.

**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:

- (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.

Mr. Ikeri failed to maintain an employee record on DCS Patricia Okoroefor. There was no employee record for Ms. Okoroefor. Ms. Okoroefor stated she had her CNA certificate and her DCS training. Ms. Okoroefor went to her car to get her CNA certificate and her DCS training certificate from Hazel Institute which is not an approved training source.



**R 400.14210**

**Resident register.**

(1) A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

- (a) Date of admission.
- (b) Date of discharge.
- (c) Place and address to which the resident moved, if known.

Mr. Ikeri failed to maintain a resident register.

**R 400.14301**

**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.

Resident A's admission date was 04/30/2018 and Resident B's admission date was 04/20/2007. Mr. Ikeri failed to complete written assessment plans annually. Resident A's and Resident B's resident record did not contain annual written assessment plans.

**R 400.14301**

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Mr. Ikeri failed to complete resident care agreements on Resident A and B. Resident A's and Resident B's resident record did not contain annual resident care agreements.

**R 400.14315**

**Handling of resident funds and valuables.**

(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.

Resident A's resident record did not contain a Funds and Valuable Part I Form.

**R 400.14318      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.

Mr. Ikeri failed to conduct fire drills during sleeping hours.  
Mr. Ikeri failed to record the length of time it took to evacuate the facility.

**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 hot water temperature exceeded 120 degrees Fahrenheit.  
The hot water temperature was 152 degrees Fahrenheit.

**R 400.14401      Environmental health.**

(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

Soap and towels were not in the kitchen and bath areas.

**R 400.14402      Food service.**

(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.

Meat was being thawed in sink, without running cold water.

**R 400.14402**

**Food service.**

(4) All food service equipment and utensils shall be constructed of material and that is nontoxic, easily cleaned and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.

An inadequate amount of eating and drinking utensils was observed. There were no forks and knives. Ms. Okoroefor found three plastic forks and two plastic knives that had been used, they were discolored.

Only four cups were observed.

**R 400.14403**

**Maintenance of premises.**

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

There was no door handle on the storm doors.  
The non-skid surfacing mat in the bathing areas were filthy.

**R 400.14403**

**Maintenance of premises.**

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

The stovetop (the area where the knobs are) was covered in grease.

**R 400.14403**

**Maintenance of premises.**

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

The floor covering in the kitchen is worn.

**R 400.14509**

**Means of egress, wheelchairs.**

(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.

The home is not wheelchair assessable. Resident A and Resident B use a wheelchair. The home is not equipped with

ramps that are located at 2 approved means of egress from the first floor.

**IV. EXIT CONFERENCE**

On 05/25/2022, I conducted a face-to-face exit conference with Mr. Ikeri. Mr. Ikeri did not dispute the findings. However, Mr. Ikeri expressed the following concerns: There should not be an issue with the wheelchair residents because there is a wheelchair ramp at the rear of the home.

No other consultants have cited this rule violation.

**V. RECOMMENDATION**

I recommend modification of the current status of the license to provisional.



Edith Richardson  
Licensing Consultant

06/01/2022

Date

Approved by:



Ardra Hunter  
Area Manager

06/02/2022

Date