



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 23, 2022

Jean Nyambio  
Detroit Family Home, INC.  
Suite 202  
17356 W. 12 Mile Road  
Southfield, MI 48076

RE: License #: AS630384634  
**Detroit Family Home 2**  
**21778 Frazer Avenue**  
**Southfield, MI 48075**

Dear Mr. Nyambio:

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.

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.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(517) 243-6063

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630384634
<b>Licensee Name:</b>	Detroit Family Home, INC.
<b>Licensee Address:</b>	Suite 202 17356 W. 12 Mile Road Southfield, MI 48076
<b>Licensee Telephone #:</b>	(313) 270-7751
<b>Licensee Designee:</b>	Jean Nyambio
<b>Administrator:</b>	Jean Nyambio
<b>Name of Facility:</b>	Detroit Family Home 2
<b>Facility Address:</b>	21778 Frazer Avenue Southfield, MI 48075
<b>Facility Telephone #:</b>	(313) 270-7751
<b>Original Issuance Date:</b>	11/07/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection: 5/13/2022

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 2

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Licensee Designee via telephone

- 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.  
Inspection was conducted outside of meal preparation hours.
- 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:  
CAP dated 06/8/2020- as301(8), as312(4)(b), as312(4)(f), as318(5); CAP dated  
12/21/2021- as302(5); CAP dated as305(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:

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(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 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.</b>

During the onsite inspection, home manager Wanda Milledge, was unable to locate a physician's statement for direct care staff, Trushiania Anderson.

<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</b> <ul style="list-style-type: none"><li><b>(a) Name, address, telephone number, and social security number.</b></li><li><b>(b) The professional or vocational license, certification, or registration number, if applicable.</b></li><li><b>(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.</b></li><li><b>(d) Verification of the age requirement.</b></li><li><b>(e) Verification of experience, education, and training.</b></li><li><b>(f) Verification of reference checks.</b></li><li><b>(g) Beginning and ending dates of employment.</b></li><li><b>(h) Medical information, as required.</b></li><li><b>(i) Required verification of the receipt of personnel policies and job descriptions.</b></li></ul>

During the onsite inspection, Ms. Milledge was unable to locate verification of reference checks for direct care staff, Trushiania Anderson, during the onsite inspection.

<b>R 400.14210</b>	<b>Resident Register</b>
<p><b>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:</b></p> <ul style="list-style-type: none"> <li><b>(a) Date of admission.</b></li> <li><b>(b) Date of discharge.</b></li> <li><b>(c) Place and address to which the resident moved, if known.</b></li> </ul>	

I reviewed the Resident Register on 5/13/2022, during the onsite inspection. At the time of the onsite inspection, there were two residents residing in the home, Resident A and Resident B. Upon my review of the *Resident Registrar*, I observed that Resident D, Resident E, Resident F, Resident G and Resident H were not listed on the *Resident Register*, and it is unknown what date these residents were admitted to, and discharged from, the facility. On 5/13/2022, I spoke to licensee designee/administrator, Jean Nyambio, who stated that Resident D, Resident E, Resident F, Resident G and Resident H are individuals that live at other licensed AFC homes. Mr. Nyambio stated that he allowed these individuals to reside at his facility for short durations and did not list these individuals on the *Resident Register*. Mr. Nyambio was unable to provide specific dates that Resident D, Resident E, Resident F, Resident G and Resident H resided at the facility, but denied that he ever exceeded his licensed capacity at any time.

<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>(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.</p>

At the time of the onsite inspection, there were no health care appraisals available for department review for Resident A, Resident D, Resident E, Resident F, Resident G and Resident H.

<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.

At the time of the onsite inspection, I reviewed Resident A's assessment plan which was completed but did not contain Guardian A1's signature. There were no written assessment plans available for department review for Resident D, Resident E, Resident F, Resident G and Resident H.

<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>(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:</p> <ul style="list-style-type: none"> <li>(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.</li> <li>(b) A description of services to be provided and the fee for the service.</li> <li>(c) A description of additional costs in addition to the basic fee that is charged.</li> <li>(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.</li> <li>(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.</li> </ul>

	<p>(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.</p> <p>(g) An agreement by the resident to follow the house rules that are provided to him or her.</p> <p>(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.</p> <p>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</p> <p>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</p> <p>(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.</p> <p>(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.</p>
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At the time of the onsite inspection, there were no resident care agreements available for department review for Resident D, Resident E, Resident F, Resident G and Resident H. I reviewed Resident A's care agreement, which did not contain Guardian A1's signature.

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(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.</p>

At the time of the onsite inspection, Resident A's prescribed medication was missing from the home and was unavailable for department review. Direct care staff, Terreya Pope, stated that Resident A's medication and medication administration record were accidentally left in another staff members vehicle. Ms. Pope acknowledged that Resident A's prescribed medication is not currently in a locked cabinet or drawer within the facility.



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

At the time of the onsite inspection, Resident A's prescribed medication and medication administration record were missing from the home. Ms. Pope stated that she has been on duty since 10:00am. Ms. Pope stated that she has been unable to review Resident A's medication administration record and is unsure if he has prescribed medication that needs to be administered.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

During the onsite inspection, I observed approximately 27 bubble packs and two liquid bottles of prescription medication in the facility prescribed to Resident C, Resident D, Resident E, Resident F, Resident G and Resident H, all of whom are no longer residing in the facility. According to the *Resident Registrar*, Resident C was discharged from the facility on 3/15/2022. Resident D, Resident E, Resident F, Resident G and Resident H are not listed on the *Resident Registrar*, and it is unknown what date these residents were admitted to, and discharged from, the facility.

<b>R 400.14316</b>	<b>Resident records.</b>
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <ul style="list-style-type: none"> <li>(a) Identifying information, including, at a minimum, all of the following: <ul style="list-style-type: none"> <li>(i) Name.</li> <li>(ii) Social security number, date of birth, case number, and marital status.</li> <li>(iii) Former address.</li> <li>(iv) Name, address, and telephone number of the next of kin or the designated representative.</li> <li>(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>(vi) Name, address, and telephone number of the preferred physician and hospital.</li> <li>(vii) Medical insurance.</li> <li>(viii) Funeral provisions and preferences.</li> <li>(ix) Resident's religious preference information.</li> <li>(b) Date of admission.</li> <li>(c) Date of discharge and the place to which the resident was discharged.</li> <li>(d) Health care information, including all of the following: <ul style="list-style-type: none"> <li>(i) Health care appraisals.</li> <li>(ii) Medication logs.</li> <li>(iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.</li> <li>(iv) A record of physician contacts.</li> <li>(v) Instructions for emergency care and advanced medical directives.</li> </ul> </li> <li>(e) Resident care agreement.</li> <li>(f) Assessment plan.</li> <li>(g) Weight record.</li> <li>(h) Incident reports and accident records.</li> <li>(i) Resident funds and valuables record and resident refund agreement.</li> <li>(j) Resident grievances and complaints.</li> </ul>
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During the onsite inspection, staff were unable to locate resident files for Resident D, Resident E, Resident F, Resident G and Resident H. On 5/13/2022, I spoke to licensee designee/administrator, Jean Nyambio, who stated that Resident D, Resident E, Resident F, Resident G and Resident H are individuals that have been discharged from another AFC home or have been discharged from the hospital, and their new placement has not yet been located. Mr. Nyambio stated that he will admit residents that are in need of short-term housing, for 1-2 days, while awaiting transition to their new AFC placement. Mr. Nyambio stated that the individuals he is admitting to the facility are not from his other licensed AFC homes nor any other specific AFC home. Mr. Nyambio stated that his acceptance of short-term respite residents is on an as needed basis. Mr. Nyambio stated that he allowed these individuals to reside at his facility for short durations and did not complete admission paperwork. Mr. Nyambio stated that he did not know that admission paperwork was required for short-term/respite stays.

<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.

At the time of the onsite inspection, there was a broken mirror hanging in the resident bathroom and a metal flooring panel protruding from the floor.

<b>R 400.14410</b>	<b>Bedroom furnishings.</b>
	(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a waterbed is not prohibited by this rule.

At the time of the onsite inspection, I observed Resident A and Resident B's bed box springs were damaged and broken.

On 5/13/2022, I conducted an exit conference with Mr. Nyambio. Mr. Nyambio stated that he is not in agreement with the recommendation of a six-month provisional license.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend issuance of a six-month provisional license.

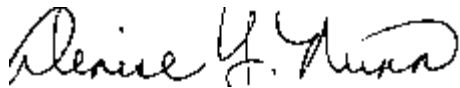


5/23/2022

Stephanie Gonzalez  
Licensing Consultant

Date

Approved by:



05/23/2022

Denise Y. Nunn  
Area Manager

Date