



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 23, 2022

Benneth Okonkwo  
Tender Heart Quality Care Services LLC  
5083 Bedford Street  
Detroit, MI 48224

RE: License #: AS820312395  
**Bedford Home**  
**5083 Bedford Street**  
**Detroit, MI 48224**

Dear Mr. Okonkwo:

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:

- You are to submit a Statement of Correction.

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 black ink that reads 'LaKeitha Stevens'.

LaKeitha Stevens, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3055



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

**I. IDENTIFYING INFORMATION**

**License #:** AS820312395

**Licensee Name:** Tender Heart Quality Care Services LLC

**Licensee Address:** 5083 Bedford Street  
Detroit, MI 48224

**Licensee Telephone #:** (248) 240-4413

**Licensee/Licensee Designee:** Benneth Okonkwo, Designee

**Administrator:**

**Name of Facility:** Bedford Home

**Facility Address:** 5083 Bedford Street  
Detroit, MI 48224

**Facility Telephone #:** (313) 886-2125

**Original Issuance Date:** 10/22/2012

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/04/2022

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 4  
No. of residents interviewed and/or observed 3  
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A worksheet inspection was completed.
- 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.  
A worksheet inspection was completed.
- 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:  
LSR Dated 8/31/2020, Rules; 803(6), 301(4), 301(6), 306(3), 312(2), 315(8),  
316(2) and 403(1) 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:

**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.**

At the time of inspection Resident Assessment Plan was not signed by all required individuals.

{REPEAT VIOLATION SEE LSR DATED 08/31/2020}

**Resident medications.**

**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.**

**(2) Medication shall be given, taken, or applied pursuant to label instructions.**

**(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.**

**(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**

**(a) Be trained in the proper handling and administration of medication.**

**(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.**

**(c) Record the reason for each administration of medication that is prescribed on an as needed basis.**

**(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.**

**(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.**

**(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.**

**(5) When a resident requires medication while out of the home, a licensee shall assure that the resident or, in the alternative, the person who assumes responsibility for the resident has all of the appropriate information, medication, and instructions.**

**(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.**

**(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 medication was present in the cart and not on the medication sheet. In addition, medication was on the medication sheet and not present in the cart.

{REPEAT VIOLATION SEE LSR DATED 08/31/2020}

**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.

At the time of inspection, the water temperature was 140 degrees.

**R 400.14402            Food service.**

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

At the time of inspection, the refrigerator and freezer were not equipped with thermometers.

A corrective action plan was requested and approved on 08/04/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.

*L Stevens*

08/23/2022

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LaKeitha Stevens  
Licensing Consultant

Date