



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 22, 2022

Denis Nji
Chufi AFC Inc
5864 Rowley Blvd
Waterford, MI 48329

RE: License #: AS630406727
Rowley Home
5864 Rowley Blvd
Waterford, MI 48329

Dear Mr. Nji:

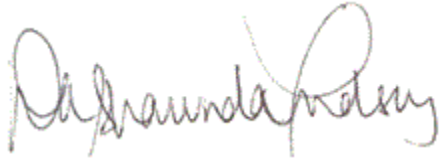
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in brown ink, reading "DaShawnda Lindsey". The signature is fluid and cursive, with the first name "DaShawnda" and the last name "Lindsey" clearly distinguishable.

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #:	AS630406727
Licensee Name:	Chufi AFC Inc
Licensee Address:	5864 Rowley Blvd Waterford, MI 48329
Licensee Telephone #:	(248) 875-1483
Licensee/Licensee Designee:	Denis Nji
Administrator:6	Denis Nji
Name of Facility:	Rowley Home
Facility Address:	5864 Rowley Blvd Waterford, MI 48329
Facility Telephone #:	(248) 875-1483
Original Issuance Date:	02/23/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/25/2022, 08/22/2022

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: licensee designee

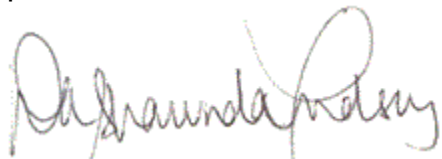
- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
No residents in care.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
No residents in care.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☐ No ☒ If no, explain. No residents in care.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
No residents in care.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
No residents in care.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.
No residents in care.
- 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.
No residents in care.
- 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 400.713	License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.
	(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following: (a) The financial stability of the facility. (b) The applicant's compliance with this act and rules promulgated under this act.
Since the issuance of a temporary license to you on 02/23/2022 no residents have been admitted to this licensed adult foster care facility. As a result of there being no residents admitted to your adult foster care facility during the temporary license period, the department is not able to determine your compliance with Act 218 or the adult foster care rules related to resident care and services.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

A handwritten signature in dark ink, appearing to read "DaShawnda Lindsey". The signature is fluid and cursive, with the first name being more prominent.

08/22/2022

DaShawnda Lindsey
Licensing Consultant

Date