



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 25, 2022

Alice Offiong  
Romarie Residential Services, Inc.  
5541 W Outer Drive  
Detroit, MI 48235

RE: License #: AS820286212  
**House of Marie Ephraim**  
**20521 Westmoreland Rd.**  
**Detroit, MI 48219**

Dear Mrs. Offiong:

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 that reads "K. Robinson". The signature is written in a cursive style with a large, stylized initial "K".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820286212

**Licensee Name:** Romarie Residential Services, Inc.

**Licensee Address:** 5541 W Outer Drive  
Detroit, MI 48235

**Licensee Telephone #:** (313) 506-6888

**Licensee/Licensee Designee:** Alice Offiong, Designee

**Administrator:** Asari Offiong

**Name of Facility:** House of Marie Ephraim

**Facility Address:** 20521 Westmoreland Rd.  
Detroit, MI 48219

**Facility Telephone #:** (313) 362-7516

**Original Issuance Date:** 01/19/2007

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/12/2022

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 00  
No. of residents interviewed and/or observed 00  
No. of others interviewed 01 Role: Administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
All residents were gone to Program on the day of 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(10), 301(9), 301(4), 310(3), 311(7), 803(6), 205(3), 205(5), 204(3)(a), 313(4),  
505(4), 403(5), 403(2), 408(4), and 403(8) 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 400.14204            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:**

**(b) First aid.**

Direct care workers, Demarco Duncan and Chidinma Onyenachi do not have verification of First Aid training in their respective employee files.

Ms. Offiong stated she assumed CPR and First Aid training was combined on the certification cards, not realizing they had only completed CPR.

**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.**

**(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.**

DCW, Demarco Duncan does not have a statement in his employee record that attests to his physical health status; Mr. Duncan was hired on 9/20/21.

This is a **REPEAT VIOLATION**; Rule 205(3) has been continuously violated in the last 2 Renewal Licensing Study Reports. Mrs. Offiong sent corrective action plans on 1/31/18 and 2/21/20 that were approved, but the licensee has failed to successfully implement the plans.

**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:  
(f) Verification of reference checks.

Both Mr. Duncan and Ms. Onyenachi do not have verification of reference checks completed.

**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:  
(g) Beginning and ending dates of employment.

All employee records, including Mr. Duncan and Ms. Onyenachi lack clear and concise beginning dates of employment. *Technical Assistance provided.*

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(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.

Resident A did not have an annual health care appraisal completed in 2021; his last physical is dated 9/28/20.

Resident B did not have annual health care appraisals completed in 2021 or 2022; his last physical is dated 1/13/20.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 2/5/20 and 2/21/20 CAP.

**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 and B did not have assessment plans completed in 2021 or 2022.

Ms. Offiong explained she was not aware the reports were due annually.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 2/5/20 and 2/21/20 CAP.

**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.

Resident B's guardian did not sign the Resident Care Agreement (RCA) dated 1/11/21; it contains the resident's signature in lieu of the guardian.

Ms. Offiong did not review Resident B's RCA in 2022; his last care agreement was completed in 2021.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 2/5/20 and 2/21/20 CAP.

**R 400.14310 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.

Resident A is missing weight records for 8/20, 9/20, 10/20, 11/20, and 12/20.

Resident B is missing a weight record for 11/20.

This is a **REPEAT VIOLATION**; See 2020 and 2018 Renewal LSRs and 1/31/18 and 2/21/20 CAPs.

**R 400.14312 Resident medications.**

(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.

DCW Chidinma Onyenachi does not have verification of training in medication administration. Per the licensee designee, Ms. Onyenachi does administer resident medication.

I completed an exit conference on 8/19/22. The licensee designee reported Ms. Onyenachi has since completed medication training online.

**R 400.14312 Resident medications.**

(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:

(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.

Both Resident A and B has missed signatures on the Sept and Oct 2021 Medication Administration Records (MARs).

This is a **REPEAT VIOLATION**; See Renewal LSR dated 2/9/18 and onsite CAP dated 1/31/18.

**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.

Upon review of Resident B's funds records, I determined he was missing documentation for the months of 11/20, 12/20, and 01/21. No Resident Funds Part II forms to record monthly transactions.

**R 400.14401            Environmental health.**

- (4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

Observed the garbage can in the kitchen without a lid.

**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.

Observed no paper towel or soap in the kitchen for handwashing.

Corrected onsite; no further action is required.

**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.

Observed locking against egress hardware on the back screen door and the front security door.

**R 400.14505            Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.**

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

Observed the smoke detector in hallway chirping throughout the inspection.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 2/5/20 and 2/21/20 CAP.

I completed an exit conference with Asari Offiong. Ms. Offiong understands the department's recommendation and she is not planning to contest the decision. Ms. Offiong explained she is filling in for Mrs. Alice Offiong who is recovering from major health challenges. She will continue to familiarize herself with the licensing rules and statutes to achieve compliance.

#### IV. RECOMMENDATION

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



08/22/22

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Date

Licensing Consultant

Approved by:



08/25/22

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Date

Area Manager