



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 23, 2022

Osaretin Uwaifo
Amen's Care, Inc.
9014 Rockland
Redford, MI 48239

RE: License #: AS820294357
Olympia Home
17471 Olympia St.
Redford, MI 48240

Dear Ms. Uwaifo:

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.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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, flowing style.

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 #:	AS820294357
Licensee Name:	Amen's Care, Inc.
Licensee Address:	9014 Rockland Redford, MI 48239
Licensee Telephone #:	(313) 478-1734
Licensee/Licensee Designee:	Osaretin Uwaifo, Designee
Administrator:	Osaretin Uwaifo
Name of Facility:	Olympia Home
Facility Address:	17471 Olympia St. Redford, MI 48240
Facility Telephone #:	(313) 478-1374
Original Issuance Date:	03/10/2008
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/23/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 06

No. of others interviewed 01 Role: Office Administrator, Francis

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Due to the Covid-19 pandemic, in-person contact was limited to mitigate risks.
- 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:
9/21/18: 208(1)(e), 310(3), 402(6), and 503(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.**
- (8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.**

Ms. Uwaifo did not sign the Resident Care Agreements. The home manager signed in lieu of the licensee designee.

- R 400.14315 Handling of resident funds and valuables.**
- (13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.**

There is \$300 unaccounted for in Resident A's account. On 3/13/21, a deposit was made in the amount of \$400; \$100 was withdrawn from the account on the same day, leaving a remaining balance of \$300. However, the balance written on the Funds Part II says the resident has a zero balance. The home manager completed both transactions; she could not explain the discrepancy in funds when asked.

- 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 Funds II form is not being completed accurately. The form indicates resident allowances are dispersed in full; however, after talking to the Home Manager, she acknowledged the home routinely maintains resident funds and staggers each fund transaction, as needed.

R 400.14315 Handling of resident funds and valuables.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

The licensee has consistently maintained more than \$200 cash on hand for residents.

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 the fire door does not close to form a positive latch.

R 400.14403 Maintenance of premises.

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

Observed 2 black couches in the living room that are worn and torn.

R 400.14511 Flame-producing equipment; enclosures.

(3) A permanent outside vent that cannot be closed shall be incorporated in the design of heating plant rooms so that adequate air for proper combustion is assured.

Observed an enclosure in the basement where the furnace is stored. There is no permanent vent leading to the outside for proper air flow.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

A handwritten signature in blue ink that reads "K. Robinson".

09/26/22

Date

Licensing Consultant