



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 23, 2022

Annett Uduji  
Hirah Health System Inc.  
4149 Eastlawn Ave.  
Wayne, MI 48184

RE: License #: AS820403070  
**My Choice**  
**28022 Ann Arbor Trail**  
**Westland, MI 48185**

Dear Mrs. Uduji:

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,



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**

<b>License #:</b>	AS820403070
<b>Licensee Name:</b>	Hirah Health System Inc.
<b>Licensee Address:</b>	4149 Eastlawn Ave. Wayne, MI 48184
<b>Licensee Telephone #:</b>	(173) 657-5241
<b>Licensee/Licensee Designee:</b>	Annett Uduji, Designee
<b>Administrator:</b>	Emmanuel Uduji
<b>Name of Facility:</b>	My Choice
<b>Facility Address:</b>	28022 Ann Arbor Trail Westland, MI 48185
<b>Facility Telephone #:</b>	(734) 338-2233
<b>Original Issuance Date:</b>	06/04/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/16/2022

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 04

No. of others interviewed 01 Role: Administrator

- 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.
- 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: 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 400.14205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

2 of 3 employees hired since the last renewal inspection (hire dates:1/1/21 and 5/13/22) did not have proof of TB testing at the time they started working.

Administrator, Emmanuel Uduji reported he thought TB test results were due within 30 days of hire.

**R 400.14210**      **Resident register.**

**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) Date of discharge.**

Observed the Resident Register is not updated. There are 2 discharged residents on the Register without discharge dates, but the Home Manager reported they no longer reside at the home.

**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 weight records were not made available to the department on the day of inspection. Specifically, one resident was placed at the home on 2/1/22; his only weight record is dated 2/1/22. I reviewed a second resident record that had no weight records at all; this resident has resided in the home since 9/27/21.

The Home Manager said he believes the weight records have been misplaced. He indicated resident weights are taken every Sunday.

**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.

Staff are not signing medication out upon administering resident medication.

Observed J.R. has a Medication Administration Record (MAR) in his record with no date or year included. This blank MAR has no morning medication signed out (7am and 8am); only his PM medication was signed out as having been administered. Also, his 12:30 p.m. Abilify 10mg and Gabapentin is not signed out on 3/31/22; 7 p.m. Levetiracetam 500mg is not signed out on 3/29/22; 7 p.m. Trazodone 100mg is not signed out on 3/29/22.

Additionally, E.W.'s Haloperidol 5mg is not signed out on 3/31/22; the following 7 p.m. medications were not signed out on 3/31/22: Risperidone 3mg, Haloperidol 10mg, Benztropine Mesylate 2mg, Clonidine Hydrochloride 0.2mg, and Polyethylene Glycol 3350 PO A.K.A. PEG 3350.

**R 400.14315 Handling of resident funds and valuables.**

(5) All resident funds, which includes bank accounts, shall be kept separate and apart from all funds and monies of the licensee. Interest and dividends earned on resident funds shall be credited to the resident. Payments for care for the current month may be used by the licensee for operating expenses.

The handling of resident funds is unorganized. Observed cash on hand for residents being stored in white envelopes inside of pencil pouches that are not labeled by name. Also, I was not able to determine compliance with J.R.'s allowance monies because according to the Home Manager, the money was not available at the home. He said one of the direct care workers took the money with him to avoid leaving the money at the facility. Observed E.W.'s allowance monies being co-mingled with petty cash used to buy groceries and other miscellaneous items the home needs. Specifically, when I counted E.W.'s funds to account for his cash on hand, he was \$1.00 short from what should have been available in his account, so the Home Manager retrieved \$1.00 from his pant pocket to add to the resident's available funds.

When Mr. Uduji arrived onsite he indicated Staff should not accept cash on the resident's behalf from family members. Mr. Uduji said he does not routinely manage resident funds unless the licensee is the Rep Payee for the resident.

#### IV. RECOMMENDATION

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



11/23/22

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Kara Robinson  
Licensing Consultant

Date