

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 29, 2022

Joseph Okafor Maduson Eagle Homes Inc 18986 Heather Ridge Drive Northville, MI 48168

#### RE: License #: AS820076917 Ottawa Ct Home 32016 Ottawa Ct Westland, MI 48185

Dear Mr. Okafor:

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 documentation of compliance.
- 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,

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LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. 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 #:	AS820076917	
Licensee Name:	Maduson Eagle Homes Inc	
Licensee Address:	18986 Heather Ridge Drive Northville, MI 48168	
Licensee Telephone #:	(248) 596-0701	
Licensee/Licensee Designee:	Joseph Okafor, Designee	
Administrator:		
Name of Facility:	Ottawa Ct Home	
Facility Address:	32016 Ottawa Ct Westland, MI 48185	
Facility Telephone #:	(734) 722-4846	
Original Issuance Date:	09/10/1997	
Capacity:	6	
Program Type:	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/o	r observed	2
No. of residents interviewed a	and/or observed	3
No. of others interviewed	N/A Role:	

- Medication pass / simulated pass observed? Yes 🗌 No 🖂 If no, explain. A worksheet inspection was completed.
- Medication(s) and medication record(s) reviewed? Yes  $\boxtimes$  No  $\square$  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 X 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 09/30/2020, Rules; 312(7), 403(1), 803(6), 301(6), 301(4) 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 400.14312 **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.

At the time of inspection, medication was unlocked in the refrigerator.

A corrective action plan was requested and approved on 11/16/2022. 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

An acceptable corrective action plan has been received. Renewal of the license is recommended.

A Stevens 11/29/2022

LaKeitha Stevens Licensing Consultant Date