



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 8, 2022

Roland Awolope
3916 Oakland Dr.
Kalamazoo, MI 49008

RE: License #: AS390402971
Greater Heights Adult Foster Care
3916 Oakland Drive
Kalamazoo, MI 49008

Dear Mr. Awolope:

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 and special certification, for the developmentally disabled and mentally ill, 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AS390402971

Licensee Name: Roland Awolope

Licensee Address: 3916 Oakland Dr.
Kalamazoo, MI 49008

Licensee Telephone #: (269) 873-4532

Licensee Designee: N/A

Administrator: Roland Awolope

Name of Facility: Greater Heights Adult Foster Care

Facility Address: 3916 Oakland Drive
Kalamazoo, MI 49008

Facility Telephone #: (269) 873-4532

Original Issuance Date: 07/10/2020

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 12/07/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] Role: [redacted]

- 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.
On-site inspection did not take place during a meal time; however, food was observed in the facility.
- 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
Rule 400.14408(7) remains in effect for one resident bedroom. A resident and/or their designated representative must sign a document indicating they understand the configuration of the room, with the window being in the bathroom rather than sleeping room, prior to the admission of the resident into the room.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 330.1803 Facility environment; fire safety.

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and *inspected annually*. A record of the inspections shall be maintained at the facility.

FINDING: There was no record of the facility's smoke alarms being inspected annually for 2021 or 2022, as required. The licensee indicated he had recently scheduled for an electrician to come to the facility on 12/08/2022.

R 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.

FINDING: There was only verification three fire drills had been completed for 2021 and 2022 and none of them were during sleeping hours. Subsequently, fire drills were not being completed at least once during daytime, evening, and sleeping hours during every 3 month period, as required.

R 400.14103 Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.

(4) The current license, whether regular, provisional, or temporary, shall be posted in the home and shall be available for public inspection.

FINDING: The facility's license was not posted in the home, as required.

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.

FINDING: Upon review of direct care staff files, there was no initial medical statement for direct care staff, London Lockett and Racheal Awolope, available for review. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

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.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

FINDING: There was no verification annual health reviews were being completed for direct care staff who worked at the facility longer than a year on an annual basis, as required.

R 400.14206 Staffing requirements.

(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

FINDING: Two residents in the facility, Resident A and Resident B, require 1:1 enhanced staffing. Resident A requires 1:1 staffing from 8 am until 6 pm while Resident B requires 1:1 enhanced staffing 24 hours a day. At the time of my onsite inspection, the facility had the required 1:1 staffing for the two residents, but there was insufficient staffing for the remaining three residents. The licensee indicated during the inspection that he had contacted an additional staff who was coming into work to provide supervision, personal and protection to the remaining three residents.

If a third staff is present in the facility and a resident has a scheduled appointment and requires the assistance of the third staff for transportation, then an additional fourth staff is needed in the facility to provide supervision, personal care and protection to the remaining two residents. Staff can not make residents attend outings, if they do not want to, because there is insufficient staff at the facility.

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:

(e)Verification of experience, education, and training.

FINDING: There was no verification of staff experience or education in staff files. The licensee indicated staff complete applications; however, these applications were not available for review. The licensee must have a process to verify that each employee meets the minimum experience, education, and training requirements of hiring. Training completed subsequent to hiring must be maintained in the employee record.

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.

FINDING: Upon review of staff files, there was no verification any reference checks, as required.

R 400.14208 Direct care staff and employee records.

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

- (a) Names of all staff on duty and those volunteers who are under the direction of the licensee.**
- (b) Job titles.**
- (c) Hours or shifts worked.**
- (d) Date of schedule.**
- (e) Any scheduling changes.**

FINDING: There was no daily schedule of advance work assignments available for review, as required.

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.

FINDING: Upon review of resident files, it was determined Resident A's last *Health Care Appraisal* (HCA) was completed 05/09/2021, while Resident C's last HCA was completed 09/18/2020, which is not on an annual basis as required.

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.

"Assessment plan" means a written statement which is prepared in cooperation with a responsible agency or person, and which identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical and behavioral needs and well-being and the methods of providing the care and services, taking into account the preferences and competency of the individual.

FINDING: Upon review of resident files, it was determined Resident A's *Assessment Plan for AFC Residents* (assessment plan), was last completed 05/01/2021 while Resident C's assessment plan was last completed 09/09/2020 establishing that neither assessment plan was reviewed annually, as required.

Additionally, Resident B's assessment plan indicated she was able to be in the community independently; however, upon review of Resident B's community mental health plan, she requires 1:1 enhanced staff supervision. A resident's assessment plan needs to reflect the resident's current level of supervision, protection, and personal care.

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.

FINDING: Resident A is diabetic and requires Novalog insulin; however, the number of units she receives of her Novalog diabetic pen is dependent on her sugar levels. Resident A's phone has an application connected to her physician's office who is monitoring Resident A's sugar levels and will alert Resident A when she needs the Novalog sliding scale insulin; however, the licensee is not recording how much Novalog insulin is being administered. Though the physician provided instructions for Novalog insulin that should be administered depending on her insulin levels, the amount of Novalog insulin needs to be recorded just like any other medication per the requirements of R 400.14312(4)(b). Additionally, it may be necessary to document Resident A's sugar levels unless they can be obtained from her phone application.

R 400.14315 Handling of resident funds and valuables.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

FINDING: Resident C's *Resident Care Agreement (RCA)*, indicated he was paying \$50 a day to receive AFC services at the facility; however, upon review of Resident C's *Resident Funds II* form, the licensee was accepting a flat rate of \$1,500 a month from the resident for adult foster care payments. The licensee indicated Resident C's relative was just sending the flat rate payment regardless of how many days were in the month.

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.

FINDING: The facility's front ramp handrails were loose with spindles that were both loose and missing. The licensee indicated he planned to repair the entire ramp.

There were numerous cardboard boxes throughout the facility, in multiple common areas, that were stacked to the ceiling. The licensee indicated the majority of the boxes were full of excess medical supplies like incontinence briefs. He indicated he would store the boxes at another facility that had more room for storage. He also

indicated some of the boxes was resident clothing and/or excess bedding. He indicated he would purchase a shelving unit to store excess bedding.

The facility's back door handle was loose.

R 400.14403 Maintenance of premises.

(3) All living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.

FINDING: There were lightbulbs missing from the kitchen's overhead light fixture creating a dimly lit area in the kitchen.

R 400.14512 Electrical service.

(1) The electrical service of a home shall be maintained in a safe condition.

FINDING: Numerous power strips were observed being used in the facility with at least three in the room near the laundry area. They were also present in resident bedrooms. Power strips aren't designed to maintain a load for extended periods of time and can overheat quickly causing a fire. It may be necessary to contact an electrician and install additional outlets if there is continued use/need for power strips.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification are recommended.



12/08/2022

Cathy Cushman
Licensing Consultant

Date