



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 12, 2022

Andrew Akunne
Kamman Adult Foster Care Hm Inc
Unit A
3879 Packard Road
Ann Arbor, MI 48108

RE: License #: AM820009937
Kamman AFC Home
36108 Ford Road
Westland, MI 48185

Dear Mr. Akunne:

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:

- An on-site inspection will be conducted.

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".

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 #: AM820009937

Licensee Name: Kamman Adult Foster Care Hm Inc

Licensee Address: Unit A
3879 Packard Road
Ann Arbor, MI 48108

Licensee Telephone #: (734) 973-7764

Licensee/Licensee Designee: Andrew Akunne, Administrator

Name of Facility: Kamman AFC Home

Facility Address: 36108 Ford Road
Westland, MI 48185

Facility Telephone #: (734) 595-7023

Original Issuance Date: 09/16/1979

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

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

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 10
No. of others interviewed 01 Role: Program Supervisor

- 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.
Breakfast served prior to my arrival.
- 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:
208(1)(e), 301(4), 301(9), 301(10), 315(3), 403(11) 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.

- (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.**

Observed E.W.'s June 2021 Medication Administration Record (MAR) that did not include the time Depakene (Valproic Acid 250 mg/5ml PO LIQ) is to be administered. The MAR also did not contain Staff signatures for the entire month.

According to the Home Manager, Staff did not sign the medication out because the time of day was not recorded on the MAR. However, the Manager insists the medication was administered as prescribed (twice daily).

It should be noted the medication is used to treat seizures.

A corrective action plan was requested and approved on 12/09/2022. 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.



12/12/22

Kara Robinson
Licensing Consultant

Date