

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 7, 2023

Asari Offiong Romarie Residential Services, Inc. 5541 W Outer Drive Detroit, MI 48235

RE: License #: AS820286212

House of Marie Ephraim 20521 Westmoreland Rd. Detroit, MI 48219

Dear Dr. Offiong:

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

K. Robinson

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 #: AS820286212

Licensee Name: Romarie Residential Services, Inc.

Licensee Address: 5541 W Outer Drive

Detroit, MI 48235

Licensee Telephone #: (313) 506-6888

Licensee/Licensee Designee: Alice Offiong, Designee

Administrator: Asari Offiong

Name of Facility: House of Marie Ephraim

Facility Address: 20521 Westmoreland Rd.

Detroit, MI 48219

Facility Telephone #: (313) 362-7516

Original Issuance Date: 01/19/2007

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	01/27/20	23	
Date	e of Bureau of Fire Services Inspection if appl	icable:		
Date of Health Authority Inspection if applicable:				
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 01 Role: License	ee/Admini	00 00 strator	
•	Medication pass / simulated pass observed? Residents gone to Program at the time of ins Medication(s) and medication record(s) revie	pection.		
•	Yes ⊠ No ☐ If no, explain. Meal preparation / service observed? Yes ☐ No ☒ If no, explain. No one home.			
•	Fire safety equipment and practices observe	d? Yes	☑ No ☐ If no, explain.	
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No □	•, -		
•	Incident report follow-up? Yes ⊠ No ☐ If	no, explai	n.	
•	Corrective action plan compliance verified? N/A Number of excluded employees followed-up?		CAP date/s and rule/s: J/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 330.1803 Facility environment; fire safety.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

Evacuation assessment completed on 9/11/22 is incomplete; packet is missing pages F-1-Side 1, F-2B, and F-2. Therefore, it is unclear how the licensee determined the final Evacuation Difficulty score without the Staff Shift Score.

R 400.14207 Required personnel policies.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

Direct care worker, Annon Benn was hired to work at the facility on 10/4/22; Mr. Benn does not have verification of receipt of personnel policies and procedures in his employee record.

R 400.14311 Investigation and reporting of incidents, accidents, illnesses, absences, and death.

(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to

the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:

- (a) The death of a resident.
- (b) Any accident or illness that requires hospitalization.
- (c) Incidents that involve any of the following:
 - (i) Displays of serious hostility.
 - (ii) Hospitalization.
 - (iii) Attempts at self-inflicted harm or harm to others.
 - (iv) Instances of destruction to property.
- (d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the Public Acts of 1988.

The home's newest resident (J.J.) has been in and out of the hospital since placement. According to Dr. Offiong, "every time he goes to the hospital it's seizure related." When I requested to see incident reports for his hospitalizations on the following dates, the licensee could not produce them: 8/11/22, 8/17/22-8/18/22, 8/23/22-9/8/22, 10/12/22-10/18/22, 10/27/22-10/30/22, 11/3/22-11/4/22, and 11/25/22-11/26/22.

IV. RECOMMENDATION

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

2/7/23

Kara Robinson Date Licensing Consultant