



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 1, 2023

Uchenna Ndubuisi
Agape Care Inc.
PO Box 532
Garden City, MI 48136

RE: License #: AS820283425
Westpoint Home
4648 Westpoint
Dearborn Heights, MI 48127

Dear Mr. Ndubuisi:

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 #:	AS820283425
Licensee Name:	Agape Care Inc.
Licensee Address:	P.O.Box 532 Garden City, MI 48136
Licensee Telephone #:	(734) 895-3313
Licensee/Licensee Designee:	Uchenna Ndubuisi, Designee
Administrator:	Uchenna Ndubuisi
Name of Facility:	Westpoint Home
Facility Address:	4648 Westpoint Dearborn Heights, MI 48127
Facility Telephone #:	(313) 429-3333
Original Issuance Date:	06/01/2006
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/22/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 04

No. of others interviewed 01 Role: Supervisor, K. Harper

- Medication pass / simulated pass observed? Yes No If no, explain.
Face to Face contact limited due to the Covid-19 pandemic.
- 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.
No meal served.
- 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 400.14310 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.

Weight records are not accurate. Observed drastic weight loss in 1 week with no explanation provided. Supervisor, Keenya Harper confirmed resident is not on a special diet and not actively seeking to lose weight. Specifically, I observed T.J.'s weight recorded as 246 pounds on 12/26/21, then on 1/2/22 he weighed in at 220 pounds. It should be noted the resident maintained a consistent weight in the 240s all through 2021; his weight maintained in the 220s all through 2022. Supervisor was unable to explain the discrepancy in numbers.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Observed T.J.'s Resident Funds II did not include transactions from Jan and Feb 2023 although the home has received payments from the guardian on his behalf. Additionally, the resident signed the form with no dollar amounts written which suggests the resident is being asked to sign a blank or incomplete document.

A corrective action plan was requested and approved on 02/27/2023. 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 and special certification.

IV. RECOMMENDATION

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

Handwritten signature of K. Robinson in blue ink.

3/1/23

Date

Licensing Consultant