



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 6, 2023

Chinyelu Anwunah
Gracious Hands Services, LLC
46908 Wareham Dr.
Canton, MI 48187

RE: License #: AS820383000
Grace Gardens
6573 Deering Street
Garden City, MI 48135

Dear Mrs. Anwunah:

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,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

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

I. IDENTIFYING INFORMATION

License #: AS820383000

Licensee Name: Gracious Hands Services, LLC

Licensee Address: 46908 Wareham Dr.
Canton, MI 48187

Licensee Telephone #: (313) 408-3227

Licensee/Licensee Designee: Chinyelu Anwunah

Administrator: Chinyelu Anwunah

Name of Facility: Grace Gardens

Facility Address: 6573 Deering Street
Garden City, MI 48135

Facility Telephone #: (313) 408-3227

Original Issuance Date: 11/29/2017

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/03/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 2
No. of others interviewed 1 Role: Licensee Designee

- 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.
- 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 (1i), 403 (11), 403 (6), 507 (6) 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 400.14208 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.

At the time of inspection, Staff- Chidindu Ihedigbo record reviewed did not contain verification of education.

R 400.14312 Resident medications.

- (2) Medication shall be given, taken, or applied pursuant to label instructions.

At the time of inspection, Resident B's medication- Tylenol 500mg to be administered as a PRN and medication administration record for October 2022 through March 2023. This review showed staff did not properly document administration of this medication.

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.

At the time of inspection, I observed in resident bedroom #6 to have broken floor tile.

R 400.14403 Maintenance of premises.

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

At the time of inspection, I observed the recreation room and downstairs bathroom to not be well light.

R 400.14411 Linens.

- (2) A licensee shall provide at least 1 standard bed pillow that is comfortable, clean, and in good condition for each resident bed.

At the time of inspection, I observed resident bed in room #6 to not be equipped with a pillow that was clean and in good condition.

R 400.14507 Means of egress generally.

(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, I observed resident bedroom #3 and #5 doors to not be equipped with positive- latching hardware.

REPEAT VIOLATION: LSR DATED 03/08/2021, CAP DATED 03/12/2021

IV. RECOMMENDATION

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



03/06/2023

Shatonla Daniel
Licensing Consultant

Date