

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 9, 2023

Andrew Akunne Grand Traverse AFC Inc Unit A 3879 Packard Rd. Ann Arbor, MI 48108

## RE: License #: AS820013774 Grand Traverse AFC 31755 Grand Traverse Westland, MI 48185

Dear Mr. Akunne:

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,

Rizina Buchanon

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3029

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

# I. IDENTIFYING INFORMATION

License #:	AS820013774
Licensee Name:	Grand Traverse AFC Inc
Licensee Address:	Unit A 3879 Packard Rd. Ann Arbor, MI  48108
Licensee Telephone #:	(734) 973-7764
Licensee/Licensee Designee:	Andrew Akunne
Administrator:	Andrew Akunne
Name of Facility:	Grand Traverse AFC
Facility Address:	31755 Grand Traverse Westland, MI 48185
Facility Telephone #:	(734) 728-5887
Original Issuance Date:	03/09/1984
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLE MENTALLY II I

ED MENIALLY ILL

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	03/08/2023	
Date of Bureau of Fire Services Inspection if app	licable: N/A	
Date of Health Authority Inspection if applicable:	N/A	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role: N/A	1 2	
• Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.		
• Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain.		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain.</li> <li>Meal preparation / service observed? Yes No I If no, explain. Residents had already eaten</li> <li>Fire drills reviewed? Yes No I If no, explain.</li> </ul>		
• Fire safety equipment and practices observed? Yes 🛛 No 🗌 If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A</li> <li>If no, explain.</li> <li>Water temperatures checked? Yes No I If no, explain.</li> </ul>		
● Incident report follow-up? Yes ⊠ No □ If no, explain.		
<ul> <li>Corrective action plan compliance verified? 04/06/2021/Rules: 203(1),310(3),312(1),401</li> <li>Number of excluded employees followed-up</li> </ul>	I(2),401(4),506(1) 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 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision
(a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The licensee designee failed to provide verification of completion of the required annual training hours.

REPEAT VIOLATION {RENEWAL INSPECTION 03/26/2021}

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The hot water temperature was 132 degrees Fahrenheit.

### REPEAT VIOLATION {RENEWAL INSPECTION 03/26/2021}

**REPEAT VIOLATION (RENEWAL INSPECTION 03/13/2019)** 

# **IV. RECOMMENDATION**

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

Regina Buchanon

Regina Buchanan Licensing Consultant

\_03/09/2023

Date