



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 14, 2023

Jean Nyambio
Detroit Family Home, INC.
Suite 202
17356 W. 12 Mile Road
Southfield, MI 48076

RE: License #: AS820383893
Detroit Family Home
17180 Indiana St.
Detroit, MI 48221

Dear Mr. Nyambio:

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 #:	AS820383893
Licensee Name:	Detroit Family Home, INC.
Licensee Address:	Suite 202 17356 W. 12 Mile Road Southfield, MI 48076
Licensee Telephone #:	(301) 332-3609
Licensee/Licensee Designee:	Jean Nyambio
Administrator:	Trushania Anderson
Name of Facility:	Detroit Family Home
Facility Address:	17180 Indiana St. Detroit, MI 48221
Facility Telephone #:	(313) 270-7751
Original Issuance Date:	09/19/2016
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/09/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

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.
Full paperwork inspection
- 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:
203 (1), 208 (1e and 1i), 312 (4b), 318 (5), 403 (1), 507 (5) 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 400.14203 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.

At the time of inspection, the Administrator failed to participate in, and successfully complete, 16 hours of training and/or 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.

REPEAT VIOLATION LSR DATED 03/15/2021; CAP DATED 03/26/2021

R 400.14204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

At the time of inspection, Staff- Tolasade Oke's employee records reviewed did not contain First Aid and Cardiopulmonary resuscitation (CPR) at the time of hire on 05/08/2021. However, Licensee Designee submitted a copy of Ms. Oke's First Aid and CPR training dated for 03/09/2023.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, Staff- Terreya Pope's employee record reviewed did not have a physical completed within 30 days of hire. Ms. Pope was hired on 04/24/2022 but her physical was completed on 10/05/2021.

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:

(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.

At the time of inspection, Resident A's record reviewed showed he went to the hospital on 02/21/2022 but the department did not receive an incident report. According to the Administrator- Ms. Anderson stated she was not aware that an incident report should have been submitted to the department. Ms. Anderson stated Resident A was taken to the hospital from his doctor's appointment and not the facility. Ms. Anderson stated the facility had no knowledge of Resident A's whereabouts for a few days and was eventually notified by Resident A's guardian. The Licensee Designee made attempts to submit an incident report on 03/09/2023 which was more than 48 hours after hospitalization.

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.

At the time of inspection, Resident A's medication administration records were reviewed for January, February, and March of 2023. On all three records, the following medications were written incorrectly:

- Galantamine HBR ER 116 to administered once daily was written as two tablets daily
- Clopidogrel 75 mg was written as 25 mg

At the time of inspection, Resident A's medication administration records were reviewed for March of 2023 and the following medications were written incorrectly:

- Amoxicillin to be administered one tablet twice daily has limited dosing instruction but not written on sheet.

2nd REPEAT VIOLATION LSR DATED 03/15/2021; CAP DATED 03/26/2021 and LSR DATED 03/11/2019; CAP DATED 03/09/2021.

R 400.14313 Resident nutrition.

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

At the time of inspection, Licensee failed to maintain a record of menus for one calendar year, specifically there was no menus available to review for June, October, November, and December of 2022.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection, licensee failed to practice and maintain a record of fire drills for daytime, evening and sleeping hours for third and fourth quarter in 2021.

REPEAT VIOLATION LSR DATED 03/15/2021; CAP DATED 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.

At the time of inspection, I observed the hot water temperature to be 150 degrees Fahrenheit at the faucet in the downstairs bathroom.

IV. RECOMMENDATION

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



03/14/2023

Shatonla Daniel
Licensing Consultant

Date