



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 25, 2023

Charles Udanoh
Angel Care Homes Inc
16565 Sunderland Road
Detroit, MI 48219

RE: License #: AS820299055
Cherry AFC Home
30214 Cherry Avenue
Romulus, MI 48174

Dear Mr. Udanoh:

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 six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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, appearing to read 'D Walker'.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #:	AS820299055
Licensee Name:	Angel Care Homes Inc
Licensee Address:	16565 Sunderland Road Detroit, MI 48219
Licensee Telephone #:	(131) 399-5242
Licensee/Licensee Designee:	Charles Udanoh
Administrator:	Charles Udanoh
Name of Facility:	Cherry AFC Home
Facility Address:	30214 Cherry Avenue Romulus, MI 48174
Facility Telephone #:	(734) 941-4033
Original Issuance Date:	10/15/2009
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/07/2023

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 5
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:
CAP Dated 03/23/2021 R 330.1803 (6), R 330.1806 (2), R 400.14203 (1),
R 40.14204 (3)(g), R 400.14205 (6), R 400.14208 (1)(e), R 400.14301 (10),
R 400.14312 (1), R 400.14318 (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 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or 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 the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

At the time of inspection, evacuation assessments (E-Scores) were not completed within 30 days after the admission of each new resident. The E-Scores did not contain the F-1 side 2 rating the residents on the risk factors.

Charles Udanoh, licensee designee stated he was not aware he had to complete the F-1 side 2 rating the residents on the risk factors for all residents, within 30 days after the admission of each new resident.

R 330.1806 Staffing levels and qualifications.

(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a

course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all of the following areas:

(a) An introduction to community residential services and the role of direct care staff.

(b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.

(c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.

(d) Basic first aid and cardiopulmonary resuscitation

(e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.

(f) Preventing, preparing for, and responding to environmental emergencies, for example, power failures, fires, and tornados.

(g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.

(h) Non-aversive techniques for the prevention and treatment of challenging behavior of clients.

At the time of inspection, direct care staff Abdulazeez Sanni and Iswat Alade employee files did not contain training verification of proper precautions and procedures for administering prescriptive and nonprescriptive medications.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 03/09/2021; CAP DATED 03/23/2021.**

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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home.

The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of inspection, direct care staff Iswat Alade employee file did not contain written evidence of communicable tuberculosis testing and results at the time of hire.

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.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of inspection, direct care staff Abdulazeez Sanni employee files did not contain verification of annual health review for 2021 or 2022.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 03/09/2021; CAP DATED 03/23/2021.**

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Resident C's resident file did not contain a health care appraisal completed within the 90-day period before the resident's admission to the home. Resident C was admitted into the home on 08/01/2022, and the health care appraisal was dated 11/22/2022.

***REPEAT VIOLATION ESTABLISHED* LSR DATED 03/09/2021; CAP DATED 03/23/2021.**

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, the direct care staff failed to initial Resident A and B's medication administration records (MARs) at the time the medication is given.

Resident A

Ferrous Gluconate 324MG PO TAB; take 1 tablet by mouth twice daily, every other day at 8:00 a.m. and 4 p.m. was not initialed 03/01/2023 through 03/06/2023.

Resident B

Norvasc/Amlodipine Besylate 10MG PO TAB Unichem; take 1 by mouth daily was not initialed 03/7/2023 at 8:00 a.m.

Resident C

Naproxen 500MG PO TAB; take 1 tablet by mouth every 8 hours as needed was not documented on the MARs for 03/2023. The medication was in the medication bin and the bubble pack was initialed from 03/01/2023 through 03/06/2023.

Minipress/Prazosin Hydrochloride 1 MG PO CAP; take 1 capsule by mouth at bedtime was not documented on the MARs for 03/2023. The medication was in the medication bin and the bubble pack was initialed from 03/01/2023 through 03/06/2023.

Gabapentin 100MG; take 1 capsule by mouth twice daily at 8:00 a.m. and 8 p.m. was not initialed from 03/06/2023 or 03/07/2023. The medication was documented on the MARs, but the medication was not available for review. Charles Udano, licensee designee stated he is uncertain if the medication was discontinued or need to be refilled.

Ziprasidone 80MG; take 1 capsule by mouth twice daily at 8:00 a.m. and 8 p.m. was not initialed from 03/04/2023 through 03/07/2023 at 8:00 a.m. or 8:00 p.m. The medication was documented on the MARs, but the medication was not available for review. Charles Udano, licensee designee stated he is uncertain if the medication was discontinued or need to be refilled.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

At the time of inspection, Resident C's medication bin contained Fluticasone Propionate 50MCG/ACT NA SUSP, the medication was not documented on the MARs. Charles Udanoh, licensee designee, stated he is uncertain if the medication was discontinued.

Based on the previous MARs, the medication was last administered on 11/21/2022.

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.

At the time of inspection, Resident A and C's resident file did not contain a completed funds and valuables part II transaction form.

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, emergency and evacuation procedures were not completed during daytime, evening, and sleeping hours at least once per quarter. Drills were not completed during the following:

- 2021, Evening second quarter
- 2021, Sleep third quarter
- 2022, Evening second quarter
- 2023, Day first quarter
- 2023, Evening first quarter

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, the hot water temperature for resident's use did not range between 105 to 120 degrees Fahrenheit at the faucet.

- Kitchen, 132.3 degrees Fahrenheit
- Bathroom (main), 136
- Bathroom (resident bedroom), 136.4 degrees Fahrenheit

R 400.14402 Food service.

(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.

At the time of inspection, the two front burners on the stove and the oven were not in working condition.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



04/25/2023

Denasha Walker
Licensing Consultant

Date



Ardra Hunter
Area Manager

Date