

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

ORLENE HAWKS DIRECTOR

July 12, 2023

Kehinde Ogundipe Eden Prairie Residential Care, LLC G 15 B 405 W Greenlawn Lansing, MI 48910

RE: License #:	AS250413135
	Palm Home
	1629 Seminole Ave.
	Flint, MI 48503

Dear Mr. Ogundipe:

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.

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 (517) 643-7960.

Sincerely,

Dusan Hutchinson

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (989) 293-5222

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

## I. IDENTIFYING INFORMATION

License #:	AS250413135
Licensee Name:	Eden Prairie Residential Care, LLC
Licensee Address:	G 15 B
	405 W Greenlawn
	Lansing, MI 48910
Licensee Telephone #:	(214) 250-6576
•	
Licensee/Licensee Designee:	Kehinde Ogundipe
Administrator:	Kehinde Ogundipe
Name of Facility:	Palm Home
Facility Address:	1629 Seminole Ave.
	Flint, MI 48503
Facility Telephone #:	(214) 250-6576
Original Issuance Date:	02/08/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	07/06/2	2023
Date	e of Bureau of Fire Services Inspection if app	licable:	N/A
Date	e of Health Authority Inspection if applicable:		N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		3 5
•	Medication pass / simulated pass observed?	?Yes 🖂	] No 🗌 If no, explain.
•	Medication(s) and medication record(s) revie	ewed? Y	∕es ⊠ No 🗌 If no, explain.
•	Resident funds and associated documents r Yes No If no, explain. Meal preparation / service observed? Yes My inspection did not take place during a me Fire drills reviewed? Yes No If no, e	] No ⊠ ealtime.	
•	Fire safety equipment and practices observe	ed? Yes	🛛 No 🗌 If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes 🔀 No [	3,	
•	Incident report follow-up? Yes $igtimes$ No $igcup$ If	no, expl	ain.
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up		
•	Variances? Yes 🗌 (please explain) No 🖂	N/A	

# **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

found to be in non-compliance with the following rules:
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.
<i>inspection, I noted that there was no annual health review for staff, er medical clearance was completed on 09/28/21.</i>
Direct care staff and employee records.
<ul> <li>(1) A licensee shall maintain a record for each employee.</li> <li>The record shall contain all of the following employee information:         <ul> <li>(f)Verification of reference checks.</li> </ul> </li> </ul>
/ inspection, I noted that there were no documented reference I'omell Bridges.
Direct care staff and employee records.
<ul> <li>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information: <ul> <li>(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.</li> <li>(b) Job titles.</li> </ul> </li> </ul>

At the time of my inspection, I noted that the staff schedule was missing the employee's last name, their title, and any scheduling changes.

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

At the time of my inspection, I noted that Resident A's Assessment Plan was not signed by the licensee designee.

R 400.14312	Resident medications.
	<ul> <li>(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: <ul> <li>(b) Complete an individual medication log that contains all of the following information:</li> <li>(i) The medication.</li> <li>(ii) The dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> <li>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</li> <li>(vi) A resident's refusal to accept prescribed medication or procedures.</li> </ul> </li> </ul>
<ul> <li>Some of 07/06/23</li> <li>Residen every monotonicatin</li> <li>For one</li> </ul>	Inspection, I noted the following medication errors: The resident medications were initialed as being passed on at 8pm (I was at the facility on 07/06/23 at approximately 2pm.) t C's medication, Risperidone, is prescribed to be administered orning at 8am but there were no staff initials on 07/05/23 g that it had been administered. of the resident's medications, staff initialed that it was passed on 8 at 8am (I was at the facility on 07/06/23.)
R 400.14316	Resident records.
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(i) Resident funds and valuables record and resident refund
agreement.

At the time of my inspection, I noted that the Funds Part I form for Resident A and Resident B was not signed by the licensee designee.

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 my inspection, I noted that the hot water at the kitchen sink was 134 degrees Fahrenheit.

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 my inspection, I noted the following:	

• The blinds in one of the upstairs resident bedrooms were broken

R 400.14403	Maintenance of premises.	
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.	

At the time of my inspection, I noted the following:

- There were holes in the upstairs resident bedroom walls
  - There was a hole in the wall of Resident B's bedroom behind his door which was patched but not painted
- The window casing in Resident B's bedroom is damaged and insulation is visible
- There is a hole in the basement wall leading to one of the 1<sup>st</sup> floor resident bedrooms. Staff said it is from a too-small air conditioner vent which is being repaired

R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.
At the time of my inspection, I noted the following:	
<ul> <li>The sink in the first-floor bathroom is leaking</li> </ul>	

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<ul> <li>There are puddles of water in the basement which staff said is from the old hot water heater and/or the 1<sup>st</sup> floor toilet leaking</li> </ul>		
R 400.14406	Room temperature.	
hot and noncircula	All resident-occupied rooms of a home shall be heated at a temperature range between 68- and 72-degrees Fahrenheit during non-sleeping hours. Precautions shall be taken to prevent prolonged resident exposure to stale, noncirculating air that is at a temperature of 90 degrees Fahrenheit or above. Variations from the requirements of this rule shall be based upon a resident's health care appraisal and shall be addressed in the resident's written assessment plan. The resident care agreement shall address the resident's preferences for variations from the temperatures and requirements specified in this rule.	
	the process of fixing the air conditioning vents inside the facility.	
R 400.14510	Heating equipment generally.	
	(2) A furnace, water heater, heating appliances, pipes, wood- burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.	
	nspection, I noted that the dryer vent leading from the dryer to the le is not made of solid metal.	

### **IV. RECOMMENDATION**

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

Dusan Hutchinson July 12, 2023

Susan Hutchinson	Date
Licensing Consultant	