

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 2, 2023

Andrew Akunne Joak American Homes, Inc. 3879 Packard Road, Unit A Ann Arbor, MI 48108

RE: License #: AS820073736

**Walker Street Home** 

4646 Walker

Wayne, MI 48184

#### Dear Andrew 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,

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

Regina Buchanon

(313) 949-3029

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

### I. IDENTIFYING INFORMATION

**License #:** AS820073736

**Licensee Name:** Joak American Homes, Inc.

Licensee Address: Unit A

3879 Packard Road Ann Arbor, MI 48108

**Licensee Telephone #:** (734) 973-7764

Licensee/Licensee Designee: Andrew Akunne

Administrator: Andrew Akunne

Name of Facility: Walker Street Home

Facility Address: 4646 Walker

Wayne, MI 48184

**Facility Telephone #:** (734) 641-2020

Original Issuance Date: 04/21/1997

Capacity: 6

Program Type: MENTALLY ILL

## II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s):   | 09/28/20  | 023                             |
|------|---|-----------|---------------------------------|
| Date | e of Bureau of Fire Services Inspection if appl   | icable:   | N/A                             |
| Date | e of Environmental/Health Inspection if applica   | able:     | N/A                             |
| No.  | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A   |           | 1<br>5                          |
| •    | Medication pass / simulated pass observed?  | Yes ⊠     | No ☐ If no, explain.            |
| •    | Medication(s) and medication record(s) revie  | wed? Ye   | es 🛭 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.  Residents had already eaten  Fire drills reviewed? Yes  No  If no, explain. |           |                                 |
| •    | Fire safety equipment and practices observe   | d? Yes[   | ⊠ No  If no, explain.           |
| •    | E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □  | • ,       |                                 |
| •    | Incident report follow-up? Yes ⊠ No ☐ If  | no, expla | in.                             |
| •    | Corrective action plan compliance verified? 10/29/2021 Rule: 203 (1) N/A  Number of excluded employees followed-up?   |           | CAP date/s and rule/s:<br>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 show verification of completion of the required annual training hours. Only 27 of the required 32 hours was completed for the licensing period.

## **REPEAT VIOLATION (RENEWAL INSPECTION 10/18/2021)**

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 130 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. There was a locked bedroom on the lower level for staff use that was labeled as the stock room. I was unable to inspect it for safety due to the key not being available.

## IV. RECOMMENDATION

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

10/02/2023

Regina Buchanan Licensing Consultant

Regina Buchanon

Date