



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 2, 2023

Theresa Obiora  
Metonic Services LTD  
45297 Greenbriar Drive  
Belleville, MI 48111

RE: License #: AS820296406  
**Helping Hands II**  
**26609 Hopkins Street**  
**Inkster, MI 48141**

Dear Mrs. Obiora:

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 blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820296406

**Licensee Name:** Metonic Services LTD

**Licensee Address:** 45297 Greenbriar Drive  
Belleville, MI 48111

**Licensee Telephone #:** (734) 252-2196

**Licensee/Licensee Designee:** Theresa Obiora, Designee

**Administrator:** Theresa Obiora

**Name of Facility:** Helping Hands II

**Facility Address:** 26609 Hopkins Street  
Inkster, MI 48141

**Facility Telephone #:** (313) 278-5141

**Original Issuance Date:** 03/05/2009

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/31/23

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 06

No. of others interviewed 00 Role: [REDACTED]

- 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: 11/21: 208(1)(g), 208(1)(f), 205(3), 803(6), 401(5), and 403(6) 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 400.14205 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.**

Direct care worker, Michael Olaoluwa was hired to work at the facility on 2/11/22; his physician statement is dated 3/28/22 which is beyond the 30-day requirement.

This is a **REPEAT VIOLATION**; See 2021 Renewal LSR. Mrs. Obiora submitted an approved corrective action plan to address the violation, but to date, the facility is still in noncompliance. Continued noncompliance may result in modification of the license.

**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.**

The licensee did not obtain subsequent TB testing for DCW Michael Olaoluwa every 3 years. Specifically, Michael has TB test results dated 11/20/19 and 6/26/23; therefore, he was due for a TB test on or before Nov 2022.

**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.

The licensee did not sign Resident A's AFC Assessment Plans dated 9/28/22 and 10/22/23 or Resident B's plan dated 12/27/22. In addition, Resident B's 2022 AFC Assessment Plan is incomplete (See page 3 of the report). The Home Manager signed these documents in lieu of the licensee.

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

The licensee did not sign Resident A's Resident Care Agreements dated 9/23/22 and 10/22/23 or Resident B's RCA dated 12/27/22. The Home Manager signed these documents in lieu of the licensee.

**R 400.14315      Handling of resident funds and valuables.**

(11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account.

Licensee did not obtain prior approval to make charges against Resident A and B's account. Question left unanswered on the Resident Care Agreement forms.

Note: Technical assistance provided to the Home Manager on the day of inspection.

#### IV. RECOMMENDATION

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



11/2/23

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Kara Robinson  
Licensing Consultant

Date