



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 14, 2023

Josephine Uwazurike
Kevdaco Human Services LLC
PO Box 4199
Southfield, MI 48037

RE: License #: AS820293701
Investigation #: 2023A0121043
Florence Manor

Dear Ms. Uwazurike:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 10/30/23, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. 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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820293701
Investigation #:	2023A0121043
Complaint Receipt Date:	09/19/2023
Investigation Initiation Date:	09/20/2023
Report Due Date:	11/18/2023
Licensee Name:	Kevdaco Human Services LLC
Licensee Address:	Suite 200 23999 Northwestern Hwy Southfield, MI 48075
Licensee Telephone #:	(248) 722-5004
Administrator:	Josephine Uwazurike, Designee
Name of Facility:	Florence Manor
Facility Address:	30834 Florence St. Garden City, MI 48135
Facility Telephone #:	(734) 422-2233
Original Issuance Date:	01/29/2008
License Status:	REGULAR
Effective Date:	03/21/2023
Expiration Date:	03/20/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
On 7/11/23, Resident A had a terrible body odor of urine and musk. She smelt unbathed and her hands were orange from nicotine.	No
On 7/11/23, Resident A was observed with matted hair.	No
On 7/11/23, Resident A was observed with dirty clothes on which may have been due to a fall.	No
On 7/11/23, the home was observed with trash scattered outside the premises.	No
On 7/11/23, the front porch railing was observed loose and shaky.	Yes

III. METHODOLOGY

09/19/2023	Special Investigation Intake 2023A0121043
09/19/2023	APS Referral
09/20/2023	Special Investigation Initiated - Telephone Laneisha Steen with Adult Protective Services (APS)
09/20/2023	Contact - Telephone call made Stella Ojo
09/22/2023	Contact - Document Received Incident Report
09/26/2023	Inspection Completed On-site Interviewed home manager, Maude Dean and Resident B
10/23/2023	Contact - Telephone call made Relative 1A
10/27/2023	Contact - Telephone call received Resident A
10/27/2023	Contact - Telephone call made

	Follow up call to Maude Dean
10/30/2023	Referral - Recipient Rights
10/30/2023	Contact - Telephone call made Lanetria Gibson
10/30/2023	Exit Conference Josephine Uwazurike, Licensee

ALLEGATION: On 7/11/23, Resident A had a terrible body odor of urine and musk. She smelt unbathed and her hands were orange from nicotine.

INVESTIGATION: On 9/20/23, I initiated the complaint with a phone call to APS Investigator, Laneisha Steen. Ms. Steen indicated that Resident A fell on her way home from a nearby store. A good Samaritan saw Resident A fall and contacted the home and 911. Resident A was reportedly reeking of odor. On 9/20/23, I contacted licensee designee, Josephine Uwazurike. Ms. Uwazurike reported the incident happened “some time ago.” According to Ms. Uwazurike, Resident A has since been discharged from the home and placed in a long-term care facility more equipped to meet her needs. The decision to remove Resident A from the home was made at the family’s request.

On 9/26/23, I conducted an unannounced onsite inspection at the facility. Home Manager, Maude Dean reported Resident A would bathe 2 times weekly with prompting. Ms. Dean stated Staff would offer to assist Resident A with bathing, but the resident would always decline. In fact, Ms. Dean reported Resident A would become aggressive and call Staff offensive names when they encouraged her to take baths. Ms. Dean also explained Resident A would take baths and put on dirty clothing afterwards. Ms. Dean acknowledged Resident A’s bathing habits were not good. While at the facility, I also interviewed Resident B. Resident B said she doesn’t think Resident A actually got in a tub of water to bathe. Resident B said she believes Resident A would only “wash up by the sink because you never hear the shower running” while Resident A was in there. Resident B indicated residents can shower or bathe whenever they want. They do not have to ask for Staff permission to bathe.

On 10/23/23, I contacted Relative 1A. Relative 1A said 1 month into the placement, she observed Resident A would often smell like urine. Relative 1A described Resident A as “rebellious”, stating, “she refused to use those diapers.” Relative 1A indicated the smell was isolated to Resident A and that the home itself did not smell bad.

On 10/27/23, I received a phone call from Resident A at the urging of Relative 1A. Resident A reported she bathed every 2-3 days when residing at Florence Manor. Resident A confirmed residents can bathe “anytime you wanted to, so that was nice.” Resident A stated, “I was always clean.”

On 10/30/23, I completed an exit conference with Ms. Uwazurike. Ms. Uwazurike agrees with the department’s findings and recommendation.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions, when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.

ANALYSIS:	<ul style="list-style-type: none"> • Resident A and B stated residents are afforded the opportunity to bathe regularly. • Resident A denied being unclean. • Staff assistance with bathing or showering is available at the home. • It appears Resident A may have problems with incontinence, causing her to soil herself. • There is no evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: On 7/11/23, Resident A was observed with matted hair.

INVESTIGATION: Resident A stated that she washed her hair every time she bathed. Resident A described herself as “able-bodied”, so she didn’t need help maintaining her hygiene. Ms. Dean indicated Staff was available to assist Resident A wash her hair upon request. However, Resident A would always decline assistance. Relative 1A reported Resident A “didn’t care ... she had given up.” Relative 1A also stated, “if I were to put blame on anyone, it would be {Resident A}.”

On 10/30/23, I completed an exit conference with Ms. Uwazurike. Ms. Uwazurike agrees with the department’s findings and recommendation.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(3) A licensee shall afford a resident opportunities, and instructions when necessary, to obtain haircuts, hair sets, or other grooming processes.
ANALYSIS:	<ul style="list-style-type: none"> • Resident A reported she washed her hair every time she bathed. • Ms. Dean reported Resident A would not allow Staff to assist with her hair. • Relative 1A suspects Resident A had given up on life while placed at the home. • There is no evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: On 7/11/23, Resident A was observed with dirty clothes on which may have been due to a fall.

INVESTIGATION: According to Ms. Dean, each resident had a staff person assigned to do their laundry. The laundry schedule is 1 time weekly for each resident. Resident B confirmed that each resident has an assigned laundry day to be completed by Staff. However, Resident B indicated that she was able to do her own laundry; she said Resident A could not, so Staff did it for her. Resident A reported Tuesdays was her designated laundry day, but sometimes Staff would not perform this chore as scheduled. Resident A complained she would go weeks without clean clothing. Resident A described the workers there as “lazy.” Resident A’s statements are inconsistent with Ms. Dean and Resident B. Not only that, Relative 1A noted Resident A didn’t seem to care about her appearance while placed in the home.

On 10/30/23, I completed an exit conference with Ms. Uwazurike. Ms. Uwazurike agrees with the department’s findings and recommendation.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(5) A licensee shall afford a resident with opportunities, and instructions when necessary, to routinely launder clothing. Clean clothing shall be available at all times.
ANALYSIS:	<ul style="list-style-type: none"> • Resident A couldn’t do her own laundry, so Staff were assigned to do it for her. • Resident A acknowledged Tuesdays was her laundry day. • Resident B reported Staff completed laundry chores as scheduled. • There is insufficient evidence to support the allegation. It is possible, Resident A’s clothing was dirtied during the fall.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: On 7/11/23, the home was observed with trash scattered outside the premises.

INVESTIGATION: I conducted an unannounced onsite inspection on 9/26/23. I did not observe any trash strewn throughout the yard when I arrived. I checked both the front and back yards and did not see anything out of the ordinary pertaining to trash

or yard debris. Adult Protective Services went out to the home weeks before me; Ms. Steen indicated she too did not find any evidence of trash in the yard.

On 10/30/23, I completed an exit conference with Ms. Uwazurike. Ms. Uwazurike said she suspects someone made a fraudulent complaint because 2 years prior, a neighbor reported her to the city for failing to maintain the property. According to Ms. Uwazurike, the neighbor is interested in purchasing the home, but she refused to sell. Ms. Uwazurike said the city completed an investigation and found the allegations baseless.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.
ANALYSIS:	<ul style="list-style-type: none"> • On 10/30/23, the home was free from litter. • APS found the home in similar condition when they went to the home weeks before. • Ms. Uwazurike reported she's been subject to similar allegations in the past, but the city found no merit to the allegation. • There is insufficient evidence to support the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: On 7/11/23, the front porch railing was observed loose and shaky.

INVESTIGATION: On 10/30/23, I inspected the porch railing and determined it was loose and in need of repair. I shared these findings with Ms. Dean who stated she was not aware the porch railing was loose. Per Ms. Dean, staff and residents generally use the side door, so the handrail in need of repair went unnoticed.

Ms. Steen with APS also found the front railing loose.

On 10/30/23, I completed an exit conference with Ms. Uwazurike. Ms. Uwazurike reported Ms. Dean informed of my findings concerning the railing around the front porch. Ms. Uwazurike reported the railing has since been repaired. The front handrail is currently operable and in good condition as written in the corrective action plan submitted and approved on 10/30/23.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.
ANALYSIS:	<ul style="list-style-type: none"> • On 9/26/23, the handrails on the front porch were not securely fastened. • Ms. Uwazurike had the handrails repaired prior to the writing of this report. No further action is required.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

An acceptable corrective action plan has been received; therefore, I recommend the status of this license remain unchanged.

11/07/23

Kara Robinson
Licensing Consultant

Date

Approved By:

11/14/23

Ardra Hunter
Area Manager

Date