



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 11, 2024

Josephine Uwazurike
ADA Homes, Inc.
P O Box 4199
Southfield, MI 48037

RE: License #: AS820379138
Investigation #: 2024A0778012
Westland III

Dear Ms Uwazurike:

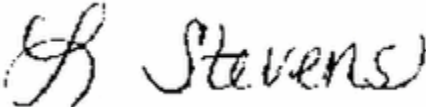
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 black ink that reads "L Stevens". The "L" is stylized and cursive, followed by the name "Stevens" in a similar cursive script.

LaKeitha Stevens, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3055

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820379138
Investigation #:	2024A0778012
Complaint Receipt Date:	12/16/2023
Investigation Initiation Date:	12/19/2023
Report Due Date:	02/14/2024
Licensee Name:	ADA Homes, Inc.
Licensee Address:	#200 23999 Northwestern Hwy. Southfield, MI 48075
Licensee Telephone #:	(248) 569-1040
Administrator:	Josephine Uwazurike
Licensee Designee:	Josephine Uwazurike
Name of Facility:	Westland III
Facility Address:	4761 Westland Dearborn, MI 48126
Facility Telephone #:	(313) 429-9499
Original Issuance Date:	11/21/2016
License Status:	REGULAR
Effective Date:	11/21/2023
Expiration Date:	11/20/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
On 12/4/23 it was learned that a fire had occurred in the home. Staff stated it should not be evacuated, smoke alarms went off again and again decided not to evacuate, then after flames in face, evacuated 3 residents.	Yes

III. METHODOLOGY

12/16/2023	Special Investigation Intake 2024A0778012
12/16/2023	APS Referral Referral received.
12/19/2023	Special Investigation Initiated - Telephone Telephone call to Genetta Campbell of Community Living Services
12/19/2023	Referral - Recipient Rights Referral generated.
12/20/2023	Inspection Completed On-site Face to face with Staff Denise Cannon, Nneka Asumeh and Antoine Hood
12/20/2023	Exit Conference Telephone exit conference
12/20/2023	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: On 12/4/23 it was learned that a fire had occurred in the home. Staff stated it should not be evacuated, smoke alarms went off again and again decided not to evacuate, then after flames in face, evacuated 3 residents.

INVESTIGATION: On 12/19/2023, I made a telephone call to Ms. Genetta Campbell of Community Living Services. According to Ms. Campbell she was informed the facility had a fire. She indicated there was a new staff and seasoned staff on shift when the fire occurred. Ms. Campbell stated she was informed the new staff wanted to evacuate the facility but was told by the seasoned staff that the audible system was malfunctioning, and it wasn't a fire, just something smoldering in the dryer, but everything was fine. Ms. Campbell stated the audible system went off again, the new staff checked the facility and noticed a fire in the laundry room. Some of the residents were evacuated and some were not. The residents that were not evacuated were non ambulatory and mute. They were later evacuated by the fire department.

On 12/20/2023, I completed an unannounced onsite inspection. I observed Residents but I was unable to interview the residents. The residents of the home are autistic and nonverbal.

Staff Antoine Hood, Nneka Asumeh and Denise Cannon were present during my onsite. Nneka Asumeh and Denise Cannon were also the staff on shift at the time of the fire. When asked neither Ms. Asumeh nor Ms. Cannon could verbalize the agency's procedure in case of an emergency. According to Ms. Cannon she has been employed with the agency since 2004 and Ms. Asumeh stated she has been employed with the agency for 4 months.

Ms. Asumeh stated she observed a fire in the laundry room and assisted with evacuating some of the residents. She stated the remaining residents could not be evacuated because the fire door activated, and she was unable to open it.

During my interview with Ms. Cannon, she denied turning the fire alarm off. She stated when the alarm sounded, she checked the facility for a fire. She stated she noticed something "smoldering" in the dryer. When asked to clarify, she stated she saw smoke but no fire. According to Ms. Cannon, moments later Ms. Asumeh observed a fire. At the time, Ms. Cannon stated she and Ms. Asumeh assisted the residents in the common area out of the home. She indicated she was not able to obtain the remaining residents because of smoke in the facility and the fire door shutting.

According to the agency's evacuation plan, two staff are always on shift and in case of a fire one staff should assist residents on one side of the home and the other should immediately go to the other side of the home to assist with evacuation. Neither Ms. Asumeh nor Ms. Cannon were aware of this. Both staff indicated the fire

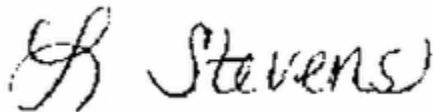
department arrived in a matter of moments and were able to evacuate the remaining residents. No one was harmed or injured during this fire.

On 12/20/2023, I completed a telephone exit conference with Josephine Uwazurike, licensee designee. She was informed this complaint would be substantiated due to staff not being familiar with the agency's evacuation procedure.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(4) A licensee shall ensure that residents, all employees, volunteers under the direction of the licensee, and members of the household are familiar with emergency and evacuation procedures.
ANALYSIS:	At the time of inspection, staff could not accurately verbalize the evacuation procedure in case of an emergency.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon submission of an acceptable corrective action plan, I recommend this complaint is closed and the status of the license remain unchanged.



01/08/2024

LaKeitha Stevens
Licensing Consultant

Date

Approved By:



1/11/2024

Ardra Hunter
Area Manager

Date