



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 25, 2024

Osaretin Uwaifo
Amen's Care, Inc.
9014 Rockland
Redford, MI 48239

RE: License #: AS820296748
Ireti
8335 Roselawn
Detroit, MI 48204

Dear Ms. Uwaifo:

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 #: AS820296748

Licensee Name: Amen's Care, Inc.

Licensee Address: 9014 Rockland
Redford, MI 48239

Licensee Telephone #: (313) 935-0345

Licensee/Licensee Designee: Osaretin Uwaifo, Designee

Administrator: Osaretin Uwaifo

Name of Facility: Ireti

Facility Address: 8335 Roselawn
Detroit, MI 48204

Facility Telephone #: (313) 935-0345

Original Issuance Date: 05/26/2009

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/24/2024

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 04

No. of others interviewed 01 Role: Licensee designee

- 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: 02/22: 408(4), 301(10), 301(9), 315(3), 311(1c), 803(6), and 204(3e) 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 400.14301 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.

- A.C. had no medications listed on page 3 of his AFC Assessment Plan dated 12/4/23.
- R.S. had no medications listed on page 3 of his AFC Assessment Plans dated 5/20/22 and 1/9/23. The licensee did not sign the plan dated 5/20/22. The guardian did not sign the plan dated 1/5/24; no reasonable efforts provided to document all attempts to obtain the guardian's signature on the form. Manager said she mistakenly left the 2024 letter sent to the guardian at the Main Office.

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.

R.S. guardian did not sign his Resident Care Agreement dated 7/13/22; the resident signed the form in lieu of the guardian. The licensee did not sign his 5/20/22 Resident Care Agreement.

This is a **REPEAT VIOLATION**; See 2022 Renewal LSR. Ms. Uwaifo submitted an approved plan of correction, but the plan has not been successfully implemented as seen in the current violation.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A

department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

R.S. had no funds transactions documented since May 2023. Licensee does manage the resident's funds. Therefore, the Resident Funds II forms were incomplete.

This is a **REPEAT VIOLATION**; See 2020 and 2022 Renewal LSRs. Ms. Uwaifo submitted an approved plan of correction, but the plan has not been successfully implemented as seen in the current violation. *Continued noncompliance may result in modification of the license.*

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The licensee did not ensure fire drills were completed during EVENING hours in the 2nd and 4th quarters of 2022.

IV. RECOMMENDATION

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



01/25/24

Date

Licensing Consultant