

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 27, 2024

Godwin Ilonze Annextra Healthassist Associates, LLC 451 N. Hanlon Street Westland, MI 48185

RE: License #: AS630386442 Annextra Healthassist Associates 388 W. Hayes Ave. Hazel Park, MI 48030

Dear Mr. Ilonze:

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 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 (248) 975-5053.

Sincerely,

Johner Cade

Johnna Cade, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd. Ste 9-100 Detroit, MI 48202 Phone: 248-302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630386442
Licensee Name:	Annextra Healthassist Associates, LLC
Licensee Address:	388 W. Hayes Avenue
	Hazel Park, MI 48030
Licensee Telephone #:	(313) 377-4486
Licensee Designee:	Godwin Ilonze
Administrator:	Godwin Ilonze
Nome of Facility	Annextra Healthassist Associates
Name of Facility:	
Facility Address:	388 W. Hayes Ave.
raciiity Audress.	Hazel Park, MI 48030
Facility Telephone #:	(313) 377-4486
Original Issuance Date:	12/07/2018
*	
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/27/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed1No. of residents interviewed and/or observed2No. of others interviewed1Role:Licensee designee

- Medication pass / simulated pass observed? Yes \boxtimes No \square 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. The inspection was not conducted during meal time.
- 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. E Scores were not onsite and available for review.
- Water temperatures checked? Yes 🛛 No 🗌 If no, explain.
- Incident report follow-up? Yes No X If no, explain.
 There were no incidents to follow up on.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
 N/A
- Number of excluded employees followed-up?
 N/A X
- 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 330.1803	Facility environment; fire safety.
	 (6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following: (a) Improve the score to at least the "slow" category.
During the onsit	e inspection completed on 03/27/24, there were no evacuation

assessments onsite and available for review.

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 physician's 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.

During the onsite inspection completed on 03/27/24, direct care staff, Lynette Stevenson did not have a physical on file that was completed within 30 days of hire.

IV. RECOMMENDATION

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

Johne Cade

03/27/2024

Johnna Cade Licensing Consultant Date