

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 5, 2024

Johnnie Denham Stallworth AFC 1 Corporation 645 E Grand Blvd. Detroit, MI 48207

RE: License #: AL820007645

Stallworth AFC

651 E Grand Boulevard Detroit, MI 48207

#### Dear Jr. Denham:

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,

LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd

3 Stevens

Detroit, MI 48202 (313) 949-3055

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

## I. IDENTIFYING INFORMATION

**License #:** AL820007645

Licensee Name: Stallworth AFC 1 Corporation

**Licensee Address:** 645 E Grand Blvd.

Detroit, MI 48207

**Licensee Telephone #:** (313) 319-5526

Licensee/Licensee Designee: Johnnie Denham, Designee

Administrator:

Name of Facility: Stallworth AFC

**Facility Address:** 651 E Grand Boulevard

Detroit, MI 48207

**Facility Telephone #:** (313) 469-7183

Original Issuance Date:

Capacity: 15

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	06/04/2024
Date of Bureau of Fire Services Inspection if applicable:	
Date of Health Authority Inspection if applicable:	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed  N/A Role:	2 3
<ul> <li>Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.         A worksheet inspection was completed.</li> <li>Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.</li> </ul>	
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ⋈ If no, explain.</li> <li>Meal preparation / service observed? Yes ⋈ No ⋈ If no, explain. A full worksheet inspection was completed.</li> <li>Fire drills reviewed? Yes ⋈ No ⋈ If no, explain.</li> </ul>	
Fire safety equipment and practices observe	d? Yes ⊠ No □ If no, explain.
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain.</li> </ul>	
<ul> <li>Incident report follow-up? Yes ☐ No ☐ If no, explain.</li> <li>N/A</li> </ul>	
<ul> <li>Corrective action plan compliance verified?</li> <li>N/A ⋈</li> </ul>	Yes  CAP date/s and rule/s:
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 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

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.

Evacuation assessments were not completed annually. At the time of inspection 2023 E-score was not available for review.

#### R 400.15312 Resident medications.

- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:
- (b) Complete an individual medication log that contains all of the following information:
  - (i) The medication.
  - (ii) The dosage.
  - (iii) Label instructions for use.
  - (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection Resident KM medication was not initialed as administered for the following:

Atorvastatin: May 12, May 20, June 1, and June 2 of 2024.

Fluticasone Spray: June 1-4, 2024

Haloperidol: May 12, 2024

Trazodone: May 12, May 18, May 19, and May 22 of 2024.

#### R 400.15318 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.

Emergency evacuation procedures were not completed during all required time frames for the 2023 year.

## IV. RECOMMENDATION

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

06/05/2024

LaKeitha Stevens

Date

Licensing Consultant

Stevens)