



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 10, 2024

Immaculata Nwachukwu
Friman Homes Inc
Suite A-7
42000 Koppernick Road
Canton, MI 48187

RE: License #: AS820069046
Investigation #: 2024A0992045
Park Street Home

Dear Ms. Nwachukwu:

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 dark ink, appearing to read 'Denasha Walker', with a stylized, cursive script.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820069046
Investigation #:	2024A0992045
Complaint Receipt Date:	07/25/2024
Investigation Initiation Date:	07/25/2024
Report Due Date:	09/23/2024
Licensee Name:	Friman Homes Inc
Licensee Address:	8281 Barrington Drive Ypsilanti, MI 48198
Licensee Telephone #:	(734) 254-0092
Administrator:	Immaculata Nwachukwu
Licensee Designee:	Immaculata Nwachukwu
Name of Facility:	Park Street Home
Facility Address:	35638 Park Wayne, MI 48184
Facility Telephone #:	(734) 254-0092
Original Issuance Date:	12/28/1995
License Status:	REGULAR
Effective Date:	11/21/2023
Expiration Date:	11/20/2025
Capacity:	6
Program Type:	MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff, Dorise Oguguom hit Resident A on the back of the head while assisting her with bathing.	Yes

III. METHODOLOGY

07/25/2024	Special Investigation Intake 2024A0992045
07/25/2024	Special Investigation Initiated - On Site Home manager, Elizabeth Okunawo and direct care staff Dorise Oguguom.
07/25/2024	Contact - Telephone call made Resident A's supports coordinator with Arabic American Services, Fatima Hammoud.
07/26/2024	Contact - Face to Face Ms. Hammoud and Resident A
08/01/2024	Contact - Telephone call received Licensee designee, Immaculata "Obi" Nwachukwu.
08/02/2024	Contact - Telephone call made Recipient Rights Investigator, Jeri Sterrett
08/05/2024	Contact - Face to Face Resident B
08/05/2024	Contact - Telephone call made Ms. Sterrett
08/15/2024	Contact - Telephone call made Immaculata "Obi" Nwachukwu, licensee designee
08/16/2024	Contact - Document Received Remedial action form
08/19/2024	Contact - Document Received Recipient Rights report

ALLEGATION: Direct care staff, Dorise Oguguom hit Resident A on the back of the head while assisting her with bathing.

INVESTIGATION: On 07/25/2024, I completed an unannounced onsite inspection and interviewed home manager, Elizabeth Okunawo and direct care staff, Dorise Oguguom regarding the allegation. Ms. Okunawo said this is the first she heard of the allegation and denied having any knowledge. She said she works with Ms. Oguguom during the day shift and doesn't recall anything happening. She denied Resident A reported being hit by Ms. Oguguom. She further stated Arabic is Resident A's primary language and she has difficulty understanding and speaking English. Ms. Okunawo stated Resident A was currently at program and that she attends Monday through Friday.

Ms. Oguguom denied the allegation. She stated she arrives at work by 8:15 a.m. daily and by then Resident A is dressed and ready for program. She said Resident A bathes prior to her arrival. Ms. Oguguom denied physically assisting Resident A with bathing. She said Resident A only requires reminders to shower and verbal prompts such as how to adjust water temperature, making sure she uses soap and wash her entire body.

On 07/25/2024, I contacted Resident A's supports coordinator with Arabic American Services, Fatima Hammoud, and interviewed her regarding the allegations. Ms. Hammoud said from what she understands, one of the staff hit Resident A in the back while she was bathing. I expressed the need to interview Resident A regarding the allegation, but due to her limited English, I asked Ms. Hammoud to be present to translate, which she agreed.

On 07/26/2024, I made face-to-face contact with Ms. Hammoud and Resident A; I interviewed Resident A with Ms. Hammoud's assistance. Resident A stated she was in the bathroom and staff "sister daughter" was assisting her with bathing. (It should be noted that the residents refer to Ms. Oguguom, as "Sister Dorice." Due to Resident A's limited English, she refers to her as "sister daughter.") Resident A further stated that she was standing in the shower ready to get out and Ms. Oguguom pointed at her private area. Resident A stated she didn't understand Ms. Oguguom and she hit her on the back. I asked if Ms. Oguguom regularly assist her with bathing and she said no. She said sometimes she might need help, and if so, she will ask. Resident A said on this day she did not need assistance, Ms. Oguguom came in the bathroom on her own. I asked Resident A if she told anyone about Ms. Oguguom hitting her and she said yes. Resident A stated she told someone at program; she also stated she told Ms. Okunawo today.

On 08/01/2024, I contacted Licensee designee, Immaculata "Obi" Nwachukwu. I interviewed her regarding the allegations. Ms. Obi said she was previously made aware of the allegation, and this has been an ongoing as far as Resident A accusing direct care staff of hitting her. Ms. Obi stated she is not sure how much of the

allegation is true or if the fact that Resident A has difficulty understanding English is the problem. Ms. Obi stated she has never had any issues with her staff hitting residents. She stated she conducted an internal interview which included interviewing the direct care staff and residents, all of which denied having any knowledge of staff hitting Resident A. Ms. Obi stated she issued Resident A a 30-day notice in April 2024, but Detroit Wayne Integrated Health Network (DWIHN) has not been able to secure placement for her. I made her aware that upon completion of the investigation, I will follow-up with her for an exit conference.

On 08/02/2024, I contacted Recipient Rights Investigator, Jeri Sterrett regarding the allegation. Ms. Sterrett confirmed she investigated the allegation and substantiated. She stated she interviewed Ms. Oguguom, Ms. Okunawo, Resident A and B. Ms. Sterrett stated although Ms. Oguguom denied the allegation, Resident A was consistent during her interview, and she told Ms. Ms. Okunawo and Resident B overheard the situation. She stated Resident B described noises as if someone was being hit. Ms. Sterrett agreed to provide me with a copy of her investigative report.

On 08/05/2024, I completed an unannounced onsite inspection and made face-to-face with Resident B and interviewed her regarding the allegation. Resident B stated she overheard Ms. Oguguom tell someone she did not hit Resident A. I asked Resident B if she heard what happened while Resident A was in the bathroom, and she hesitated. Resident B stated she forgot. She said she prefer not to mention what she heard because she doesn't want to get no one in trouble.

Ms. Okunawo stated she had an opportunity to speak with Resident A regarding the allegation. Ms. Okunawo stated Resident A stated Ms. Oguguom hit her on her shoulder while getting out of the shower. Ms. Okunawo stated she worked that day. Along with Ms. Oguguom. Ms. Okunawo stated she left to go get groceries, but when she returned no one said anything to her about what happened. Ms. Okunawo denied have any knowledge that anything occurred. She stated she does not recall Resident A being injured or complaining of injury. Ms. Okunawo stated she has never had any disciplinary issues from Ms. Oguguom.

On 08/05/2024, I made follow-up contact with Ms. Sterrett and made her aware that I interviewed Resident B and she refused to report what she heard as it pertains to the allegation. Ms. Sterrett stated she is not sure what happened because Resident B was very forthcoming when she interviewed her. Ms. Sterrett stated she will provide a copy of her investigative report which will outline Resident B's statements confirming the allegation.

On 08/15/2024, I contacted Ms. Obi and made her aware that based on the investigative findings, there is sufficient evidence to support the allegation. I further stated that Resident A was very adamant that she was hit by Ms. Oguguom. I asked if Ms. Oguguom was removed from the schedule and she said yes. She said Ms. Oguguom was written-up, suspended for a week, in-serviced and has since returned to work. Ms. Obi made me aware that recently a provider came to interview Resident

A for possible placement, but Resident A refused to relocate; stating she does not want to move. Ms. Obi stated she doesn't understand if Resident A does not feel safe in the home, but she refuses to move to another home. Ms. Obi stated she believe the allegations were encouraged by an employee at Resident A's program. I made Ms. Obi aware that the violation requires a corrective action plan. Ms. Obi agreed to review the report and submit the corrective action plan as required.

On 08/16/2024, Ms. Obi provided me with a copy of Ms. Oguguom's write-up/remedial action notification.

On 08/19/20245, Ms. Sterrett provided me with a copy of the recipient rights investigative report.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.
ANALYSIS:	<p>During this investigation, I conducted interviews with licensee designee, home manager, direct care staff, supports coordinator, ORR, Residents A and B regarding the allegations. Resident A was very adamant and descriptive when discussing the allegations. Although Resident A has limited English skills, Ms. Hammoud translated due to the language barrier. Resident A presented as competent and credible.</p> <p>Based on the investigative findings, there is sufficient evidence that Resident A was mistreated by direct care staff, Dorice Oguguom. The allegation is substantiated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, I recommend that the status of the license remains the same.



09/03/2024

Denasha Walker
Licensing Consultant

Date

Approved By:



09/10/2024

Ardra Hunter
Area Manager

Date