



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 3, 2024

Adesuwa Iyoha
Victory Homes Management Inc
P.O. Box 3011
Ann Arbor, MI 48106

RE: License #: AS820317289
Victory Homes Management Inc #3
35033 Lynn Dr
Romulus, MI 48174

Dear Ms. Iyoha:

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 grey ink, appearing to read 'D Walker'.

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

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

I. IDENTIFYING INFORMATION

License #: AS820317289

Licensee Name: Victory Homes Management Inc

Licensee Address: 4648 Pond Run
Canton, MI 48188

Licensee Telephone #: (734) 846-7884

Licensee/Licensee Designee: Adesuwa lyoha

Administrator: Adesuwa lyoha

Name of Facility: Victory Homes Management Inc #3

Facility Address: 35033 Lynn Dr
Romulus, MI 48174

Facility Telephone #: (734) 992-3152

Original Issuance Date: 04/11/2012

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/23/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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:
CAP Dated 09/08/2022 R400.14205 (6), R400.14301 (10), R400.14301 (9),
R400.14312 (1), R400.14312 (2), R400.1312 (4), R400.1315 (3) 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.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Resident B's health care appraisal was not completed within the 90-day period before admission to the home. Resident B was admitted 01/10/2023, health care appraisal was completed 03/06/2023.

***REPEAT VIOLATION* LSR DATED 08/29/2022, CAP DATED 09/08/2022.**

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.

At the time of inspection, Resident B's assessment plan was not completed at the time of admission. Resident B was admitted 01/10/2023, the assessment plan was completed 03/06/2023.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

At the time of inspection, Resident B's resident care agreement was not completed at the time of admission. Resident B was admitted 01/10/2023, the resident care agreement was completed 03/06/2023.

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.

At the time of inspection, the emergency evacuation records were not maintained and available for department review for the following:

- Sleep drill 3rd quarter in 2022.
- Sleep drill 3rd quarter in 2023.

The information on the emergency evacuation forms is the same on each form from 08/02/2022 to present, except for admitting five residents during this renewal cycle. The location of the residents, the actions taken by the staff during the drill, the starting place and exit used is the same on each form. The emergency evacuation records are falsified and being completed prematurely.

I conducted an exit conference with Adesuwa lyoha, licensee designee regarding the findings. I explained that the information on the emergency evacuation forms is the same on each form from 08/02/2022 to present, except for admitting five residents during this renewal cycle. In fact, the location of the residents, the actions taken by the staff during the drill, the starting place and exit used is the same on each form. I explained fires do occur, and the importance of staff/residents being prepared to evacuate in the case of fire or other emergencies. I also made Ms. lyoha aware of the importance of completing the fire drills and the seriousness of falsifying records. Ms. lyoha stated she was not aware the emergency evacuation forms were not being completed at the time of the fire drill. Technical assistance was provided as it pertains to Ms. lyoha, I addressed the obvious physical similarities including font and/or formatting; the only difference is when a resident was admitted to the home during this renewal cycle, and he/she was added to the evacuation form. The emergency evacuation records are falsified and being completed prematurely. I explained to Ms. lyoha that it's her responsibility to ensure all fire drills are completed. Ms. lyoha said she understands

her responsibilities as the licensee designee and as a result she's retraining all her direct care staff on how to properly conduct emergency evacuation drills.

IV. RECOMMENDATION

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



09/03/2024

Denasha Walker
Licensing Consultant

Date