



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 25, 2024

Andrew Akunne
Marywood Living Center Inc
Suite # A
3879 Packard
Ann Arbor, MI 48108

RE: License #: AM820010065
Marybrook Residence
23201 Gibraltar Road
Flatrock, MI 48134

Dear Mr. Akunne:

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 dark ink, appearing to read 'Denasha 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 #:	AM820010065
Licensee Name:	Marywood Living Center Inc
Licensee Address:	Suite # A 3879 Packard Ann Arbor, MI 48108
Licensee Telephone #:	(734) 973-7764
Licensee/Licensee Designee:	Andrew Akunne
Administrator:	Andrew Akunne
Name of Facility:	Marybrook Residence
Facility Address:	23201 Gibraltar Road Flatrock, MI 48134
Facility Telephone #:	(734) 782-0015
Original Issuance Date:	10/14/1989
Capacity:	12
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/24/2024

Date of Bureau of Fire Services Inspection if applicable: 09/06/2024, 10/04/2024

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Area manager

- 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.
Meal preparation/service was not observed. The residents were fed prior to my arrival.
- 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 11/18/2022 R400.14312 (4)(b), R400.14403 (5) 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 400.14312

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 A's medication administration records (MARs) did not contain the initials of the person who administered the medication, at the time the medication is given from 08/01/2024 – 08/31/2024.

LIDOCAINE PAIN RELIEF PAT 4% TO PATCH, put one patch to neck/right shoulder, 12 hours on 12 hours off.

***REPEAT VIOLATION* LSR DATED 11/11/2022, CAP DATED 11/18/2022.**

R 400.14312

Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

At the time of inspection, Resident A's medication bin contained medication no longer required. The medication was not listed on the MARs.

Antifungal POW 2%, apply to groin three times a day.

R 400.14407 Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

At the time of inspection, the mechanical vent in the resident's bathroom located on the East side of the home was not working.

On 10/25/2024, I conducted an exit conference with licensee designee, Andrew Akunne, regarding the findings. Mr. Akunne denied having any questions or concerns.

IV. RECOMMENDATION

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



10/25/2024

Denasha Walker
Licensing Consultant

Date