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GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

November 7, 2024

Anthony Ezeanya Acon Services, Inc. 6481 Royal Pointe West Bloomfield, MI 48322

RE: License #: AS820284114

Prevost AFC Home 17126 Prevost St. Detroit, MI 48235

Dear Anthony Ezeanya:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Regina Buchanan, Licensing Consultant

Regina Buchanon

Bureau of Community and Health Systems Cadillac Pl. Ste 9-100

3026 W. Grand Blvd Detroit, MI 48202

(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AS820284114

Licensee Name: Acon Services, Inc.

Licensee Address: 17126 Prevost St.

Detroit, MI 48235

Licensee Telephone #: (313) 340-2500

Licensee/Licensee Designee: Anthony Ezeanya

Administrator: Anthony Ezeanya

Name of Facility: Prevost AFC Home

Facility Address: 17126 Prevost St.

Detroit, MI 48235

Facility Telephone #: (313) 340-2500

Original Issuance Date: 08/09/2007

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	11/07/2	024
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	e of Health Authority Inspection if applicable:		N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		2 4
•	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	es ⊠ No □ If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes No I f no, explain. Meal preparation / service observed? Yes No If no, explain. Residents had already eaten Fire drills reviewed? Yes No I f no, explain.		
•	Fire safety equipment and practices observe	d? Yes	⊠ No If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	• ,	
•	Incident report follow-up? Yes No If Incident report follow-up? Yes No If Incident report follow-up? No If Incident report follow-up? No Incident report fol	Yes ⊠ (2) N/A	CAP date/s and rule/s:
•	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.

(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.

Resident A's assessment plan was not signed by her guardian.

REPEAT VIOLATION {RENEWAL INSPECTION 11/09/2022 AND 11/10/2020}

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

Resident A's resident care agreement was not signed by her guardian.

REPEAT VIOLATION {RENEWAL INSPECTION 11/09/2022 AND 11/10/2020}

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Regina Buchanan Date
Licensing Consultant