

GRETCHEN WHITMER
GOVERNOR

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

MARLON I. BROWN, DPA DIRECTOR

November 21, 2024

Regina Amadi Luke Michaels, INC 31412 Kathryn St. Garden City, MI 48135

RE: License #: AS820401949

Luke Michaels, Inc 31412 Kathryn St Garden City, MI 48135

Dear Mrs. Amadi:

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 #:** AS820401949

Licensee Name: Luke Michaels, INC

**Licensee Address:** 31412 Kathryn St.

Garden City, MI 48135

**Licensee Telephone #:** (734) 330-3262

Licensee/Licensee Designee: Regina Amadi

Administrator:

Name of Facility: Luke Michaels, Inc

Facility Address: 31412 Kathryn St

Garden City, MI 48135

**Facility Telephone #:** (734) 337-4251

Original Issuance Date: 07/20/2020

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

### II. METHODS OF INSPECTION

Date of On-site Inspection(s):	11/20/2024
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:	3 3
<ul> <li>Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.         A full 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 worksheet inspection was completed.</li> <li>Fire drills reviewed? Yes ∑ No ☐ If no, explain.</li> </ul>	
Fire safety equipment and practices observe	ed? 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 N/A</li> <li>Corrective action plan compliance verified?         N/A ☒</li> <li>Number of excluded employees followed-up?</li> </ul>	Yes CAP date/s and rule/s:
<ul> <li>Variances? Yes (please explain) No</li> </ul>	N/A 🗌

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

#### R 330.1806 Staffing levels and qualifications.

- (2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all the following areas:
- (b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.

At the time of inspection staff, Kiana Amadi's file did not have verification of training working with individuals with developmental disabilities and mental illness.

#### R 400.14204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
  - (d) Personal care, supervision, and protection.

At the time of inspection staff, Kiana Amadi's file did not have verification of personal care, supervision and protection training.

#### R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

At the time of inspection, staff, Kiana Amadi's file did not contain verification of reference checks.

#### R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident S.B.'s file did not contain verification of weight at admission.

#### R 400.14315 Handling of resident funds and valuables.

(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

At the time of inspection Funds II were not signed by the licensee designee and guardian.

#### IV. RECOMMENDATION

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

H Stevens)

LaKeitha Stevens Licensing Consultant Date