



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 30, 2024

Esther Mwankenja
Norman AFC LLC
904 Bakers St
Lansing, MI 48910

RE: License #: AS330418017
Norman AFC
904 Baker Street
Lansing, MI 48910

Dear Ms. Mwankenja:

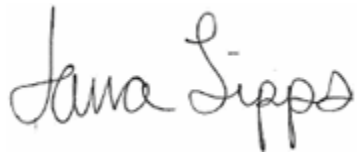
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

A six-month provisional license is recommended due to the quality of care and physical plant violations cited. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in dark ink on a light background.

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AS330418017
Licensee Name:	Norman AFC LLC
Licensee Address:	904 Bakers St Lansing, MI 48910
Licensee Telephone #:	(517) 885-0716
Licensee Designee:	Esther Mwankenja
Administrator:	Esther Mwankenja
Name of Facility:	Norman AFC
Facility Address:	904 Baker Street Lansing, MI 48910
Facility Telephone #:	(517) 908-3425
Original Issuance Date:	06/11/2024
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/27/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: licensee designee/Adm

- 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. Licensee designee does not hold cash funds for any current residents.
- 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: 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 400.14204

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:

- (a) Reporting requirements.**
- (b) First aid.**
- (c) Cardiopulmonary resuscitation.**
- (d) Personal care, supervision, and protection.**
- (e) Resident rights.**
- (f) Safety and fire prevention.**
- (g) Prevention and containment of communicable diseases.**

An interim inspection was conducted at the facility on 12/9/24. This inspection identified that direct care staff, Maria Cook, had not completed required trainings, including training in cardiopulmonary resuscitation. During the on-site renewal inspection on 12/27/2024, licensee designee, Esther Mwankenja, was not able to access Ms. Cook's employee file to provide evidence that Ms. Cook has completed all required trainings.

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Interim inspection conducted on 12/9/24 identified that Ms. Cook did not have documentation of a negative tuberculosis test within the past three years. During the on-site renewal inspection on 12/27/2024, Ms. Mwankenja was not able to access Ms. Cook's employee file and therefore was unable to provide documentation of a negative tuberculosis test for Ms. Cook.

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:
 - (a) Name, address, telephone number, and social security number.
 - (b) The professional or vocational license, certification, or registration number, if applicable.
 - (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.
 - (d) Verification of the age requirement.
 - (e) Verification of experience, education, and training.
 - (f) Verification of reference checks.
 - (g) Beginning and ending dates of employment.
 - (h) Medical information, as required.
 - (i) Required verification of the receipt of personnel policies and job descriptions.

An interim inspection was conducted on-site on 12/9/24. During this inspection it was identified that Ms. Mwankenja did not have documentation that Ms. Cook was given a copy of the personnel policy and job description for her position. During the renewal inspection on 12/27/2024, Ms. Mwankenja reported that she could not access Ms. Cook's employee file as it was locked in a bedroom at the facility and therefore could not prove Ms. Cook received these documents.

R 400.14306

Use of assistive devices.

- (3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the interim inspection conducted on 12/9/24, it was identified that Ms. Mwankenja did not have written documentation that Resident A's walker and hospital bed were ordered by a licensed physician. During the renewal inspection conducted on 12/27/2024, Ms. Mwankenja did not have written documentation that Resident B's walker was ordered by a licensed physician, however a walker was listed on Resident B's *Assessment Plan for AFC Residents* document dated 12/16/24.

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.

An interim inspection was conducted on 12/9/24 which identified that Ms. Mwankenja did not have a completed *Health Care Appraisal* for Resident A in his resident record. During the renewal inspection on 12/27/2024, I reviewed Resident B's resident record. There was not a completed *Health Care Appraisal* available for my review.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the interim inspection, conducted on 12/9/24, it was identified that Resident A is ordered Levothyroxine 100 MCG by mouth daily at 8am. During this interim inspection it was discovered that this medication was not available on-site to be administered. During the renewal inspection conducted on 12/27/2024, Resident A's Levothyroxine medication was still not available for direct care staff to administer. Ms. Mwankenja made a telephone call to the pharmacy and confirmed that Resident A is supposed to be receiving this medication daily and that a refill would be issued. Resident A's Levothyroxine medication has not been available for administration since his admission to the facility on 12/3/24.

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:

(a) Be trained in the proper handling and administration of medication.

During the interim inspection conducted on 12/9/24 it was identified that Ms. Cook had not completed a medication administration training. At the time of the renewal inspection conducted on 12/27/2024, Ms. Mwankenja reported that Ms. Cook had completed a medication administration training, but she could not provide documentation of this training as she could not access Ms. Cook's employee file.

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.

During the on-site renewal inspection, I reviewed the *Medication Administration Records* (MAR) for Resident A & Resident B. Both MARs reviewed showed Ms. Mwankenja's initials for all morning medications ordered to be administered 12/28/24. I inquired of Ms. Mwankenja about the documentation as this inspection occurred on 12/27/24. She reported that she must have read the dates incorrectly as she thought she had not initialed for the medications that were administered the previous day.

I also observed that Resident A's MAR indicates he is to receive, Olanzapine 5mg nightly at 8pm and Olanzapine 5mg two times per day as needed for up to 15 days. Ms. Mwankenja has initialed the MAR that the "as needed" dosage of the Olanzapine was given for a consecutive period of 24 days. Furthermore, when reviewing Resident A's medications, Resident A had a prescription for Olanzapine 10mg nightly at 8pm. He had a second prescription for Olanzapine 5mg nightly at 8pm. I requested that Ms. Mwankenja contact the pharmacy for clarification on this medication as Ms. Mwankenja could not articulate why there appeared to be a discrepancy. The pharmacy staff member advised that Resident A is ordered Olanzapine 10mg nightly at 8pm and Olanzapine 5mg 2 times per day as needed. Due to this discrepancy a violation has been established as the MAR does not reflect the actual prescription ordered to be administered.

Additionally, Resident A's MAR was initialed that his Levothyroxine medication was being administered daily, with no notation that this medication was not available on-site for administration. This medication was not available on-site between the interim inspection on 12/9/24 and the renewal inspection on 12/27/24, yet it had been marked as being administered for this entire period.

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.

During the on-site inspection I reviewed Resident A's medications. I noted that Resident A had two prescriptions available for Loxapine 50mg 2 times per day, and Loxapine 25mg 2 times per day. When I reviewed Resident A's MAR I observed Loxapine 50mg 2 times per day ordered for administration and the Loxapine 25mg 2 times per day was not listed. I inquired of Ms. Mwankenja about the two prescriptions for the Loxapine medication and she could not articulate which prescription, if not both, Resident A was supposed to be administered. Ms. Mwankenja made a telephone call to the pharmacy and the pharmacy staff member reported that the Loxapine 25 mg 2 times per day was changed to Loxapine 50 mg 2 times per day on 12/11/24. Both Loxapine dosages were together with Resident A's medications, and it is uncertain whether Resident A was administered both doses of this medication by direct care staff. Ms. Mwankenja was advised that the Loxapine 25 mg prescription should have been removed and disposed of when the prescription was changed on 12/11/24 to avoid confusion.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the on-site inspection I reviewed Resident B's resident record. There was not a completed *Resident Funds Part I* or *Resident Funds Part II* document in this record for my review.

R 400.14401 Environmental health.

(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

During the on-site inspection I observed a trash can in the kitchen, with food waste spilling over the top of the container. This trash can did not have a tight-fitting lid. Ms. Mwankenja was asked about this trash receptacle and brought in a large industrial trash can with a lid, from the back porch to replace the trash receptacle in the kitchen.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.

(3) The batteries of battery-operated smoke detectors shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer.

An interim inspection was conducted at the facility on 12/9/24. During this inspection it was identified that a smoke detector in the facility was chirping due to a low battery warning. I observed this same smoke detector to be chirping the low battery notification during this inspection on 12/27/2024. I also observed the smoke detector in Resident A's bedroom to be detached from the wall and hanging down by the wires.

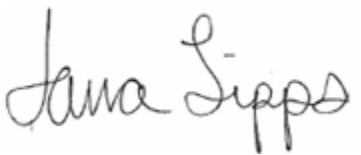
R 400.14511 Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

During this on-site inspection it was identified that the door at the top of the basement stairs, which provides for the floor separation between the basement and the first floor, is not 1 3/4 inch solid core wood door or equivalent. This door will need to be replaced with an approved fire rated door.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended due to the quality of care and physical plant violations cited.



12/27/24

Jana Lipps
Licensing Consultant

Date

Approved:



12/30/2024

Dawn Timm
Area Manager

Date