



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 9, 2025

Immaculata Nwachukwu  
Friman Homes Inc  
42000 Koppernick Road, Suite A-7  
Canton, MI 48187

RE: License #: AS820406047  
**Dixie Home**  
**15575 Dixie**  
**Redford, MI 48239**

Dear Immaculata Nwachukwu:

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 cursive script that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant  
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**

<b>License #:</b>	AS820406047
<b>Licensee Name:</b>	Friman Homes Inc
<b>Licensee Address:</b>	8281 Barrington Drive Ypsilanti, MI 48198
<b>Licensee Telephone #:</b>	(734) 254-0092
<b>Licensee/Licensee Designee:</b>	Immaculata Nwachukwu
<b>Administrator:</b>	Immaculata Nwachukwu
<b>Name of Facility:</b>	Dixie Home
<b>Facility Address:</b>	15575 Dixie Redford, MI 48239
<b>Facility Telephone #:</b>	(734) 829-7421
<b>Original Issuance Date:</b>	01/11/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/08/2025

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 2

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: N/A

- 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.  
Residents had already eaten
- 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.  
None
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
01/18/2023 Rules: 401 (2) and 511 (1) N/A ☐
- Number of excluded employees followed-up? 0 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 330.1803                      Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.**

Fire drills for the year 2024 were reviewed. The fire drills completed on 01/16/2024 and 08/19/2024 did not have times documented on them and there was not a fire drill completed during the month of September 2024. Therefore, I was unable to verify that the required amount of fire drills was completed during the required time frames. Also, the times documented on the fire drill overview log was not consistent with the times documented on the individual logs for the year 2024.

**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:**  
**(d) Basic first aid and cardiopulmonary resuscitation.**

Staff, Adaobi Ezeokonkwo, did not have on file updated first aid and CPR training. It expired August 2024.

**R 400.14312                      Resident medications.**

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

Resident A's Seroquel 200mg was prescribed to be taken every morning but was discontinued after 11/07/2024 and prescribed to be taken at bedtime instead. It was initialed as being administered in the morning on 11/10/2024, 11/12/2024, and 11/14/24-11/19/2024.

**R 400.14401          Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.**

The hot water temperature was 146 degrees Fahrenheit.

**REPEAT VIOLATION {RENEWAL INSPECTION 01/18/2023}**

**R 400.14403          Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

Some of the bedroom blinds were damaged.

There was a hole in the door to Bedroom #1.

The dresser in Bedroom #3 was missing covers to the drawers.

Flooring in the bedrooms was not completely installed and there was missing flooring around the bottom of the stairs leading to upstairs.

The date on the furnace inspection label attached to the furnace was illegible, therefore I could not determine when the inspection was completed.

**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.**

The heating plant door did not latch when closed.

**REPEAT VIOLATION {RENEWAL INSPECTION 01/18/2023}**

#### **IV. RECOMMENDATION**

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



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Regina Buchanan  
Licensing Consultant

01/09/2025  
Date