GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 6, 2025

Benneth Okonkwo
Tender Heart Quality Care Services LLC
5083 Bedford Street
Detroit, MI 48224

RE: License #: AS820312395
Investigation #: 2025A0119011
Bedford Home

Dear Mr. Okonkwo:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On February 3, 2025, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

Shatonla Daniel

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS820312395
Investigation #:	2025A0119011
Complaint Receipt Date:	01/07/2025
Investigation Initiation Date:	01/08/2025
Report Due Date:	03/08/2025
Licensee Name:	Tender Heart Quality Care Services LLC
Licensee Address:	5083 Bedford Street Detroit, MI 48224
Licensee Telephone #:	(248) 240-4413
Administrator:	Benneth Okonkwo
Licensee Designee:	Benneth Okonkwo
Name of Facility:	Bedford Home
Facility Address:	5083 Bedford Street Detroit, MI 48224
Facility Telephone #:	(313) 886-2125
Original Issuance Date:	10/22/2012
License **Status:**	REGULAR
Effective Date:	09/29/2024
Expiration Date:	09/28/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
On 12/21/2024, Staff - Adekunle Adedoyin left Resident A unsupervised while he went to get food. When Resident A discovered he was home alone, he called emergency medical services for help.	Yes

III. METHODOLOGY

01/07/2025	Special Investigation Intake 2025A0119011
01/07/2025	Referral - Recipient Rights Received
01/08/2025	APS Referral Received
01/08/2025	Special Investigation Initiated - Telephone Recipient Rights Investigator- Jessica Lamb
01/08/2025	Contact - Telephone call made Licensee Designee/ Administrator Benneth Okonkwo and Staff- Adekunle Adedoyin
01/14/2025	Inspection Completed On-site Staff- Lennie Harrell, Home Manager- Tatiana Reed, Residents B-C
01/14/2025	Inspection Completed-BCAL Sub. Compliance
01/28/2025	Exit Conference Licensee Designee- Benneth Okonkwo
02/03/2025	Corrective Action Plan Received
02/03/2025	Corrective Action Plan Approved
02/05/2025	Corrective Action Plan Requested and Due on 02/03/2025

ALLEGATIONS:

On 12/21/2024, Staff - Adekunle Adedoyin left Resident A unsupervised while he went to get food. When Resident A discovered he was home alone, he called emergency medical services for help.

INVESTIGATION:

On 01/08/2025, I telephoned and interviewed Recipient Rights Investigator- Jessica Lamb regarding the above allegations. Ms. Lamb stated Mr. Adedoyin did admit that he left Resident A home alone. She stated she is substantiating her investigation.

On 01/08/2025, I telephoned and interviewed Licensee Designee/ Administrator Benneth Okonkwo and Staff- Adekunle Adedoyin regarding the above allegations. Mr. Okonkwo stated he was aware of the allegations. Mr. Okonkwo provided the contact information for Mr. Adedoyin.

Mr. Adedoyin stated he left the facility at 10:00 p.m. to go get dinner. He stated he was gone from the facility for about twenty minutes. Mr. Adedoyin stated he was the only staff working at the time. He stated he has never left the residents home alone prior to this incident.

On 01/14/2025, I completed an unannounced on-site inspection and interviewed Staff- Lennie Harrell, Home Manager- Tatiana Reed, Residents B-C regarding the above allegations. It should be noted that at the time of the onsite inspection, Resident A was sleeping. Mr. Harrell denies leaving residents alone. Mr. Harrell stated he learned about the incident after it happened from other staff members.

Ms. Reed stated there is supposed to be two staff working at all times. Ms. Reed stated Resident A requires 1:1 staffing.

Residents B- C stated they have no knowledge of the incident. Residents B- C stated staff has always been present when they are in the facility.

On 01/28/2025, I completed an exit conference with Licensee Designee- Benneth Okonkwo regarding the above allegations. Mr. Okonkwo stated Resident A was left in the home alone and requires 1:1 staffing. He stated the other residents were with staffing out shopping. Mr. Okonkwo stated Resident A called emergency medical services because there was no staff there. Mr. Okonkwo stated emergency medical services arrived at the home. He stated he arrived shortly after them along with the other staff and residents.

APPLICABLE RULE	
R 400.14206	**Staffing requirements.**
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Licensee Designee/ Administrator Benneth Okonkwo, and Recipient Rights Investigator- Jessica Lamb stated Mr. Adedoyin did admit that he left Resident A home alone. Staff- Adekunle Adedoyin admitted he left the facility at 10:00 p.m. on 12/21/24 to go get dinner. He stated he was gone from the facility for about twenty minutes, leaving Resident A home alone who requires 1:1 staffing. Therefore, the licensee did not have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of Resident A to provide the services specified in his assessment plan.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

An acceptable corrective action plan has been received and I recommend that status of the license remains the same.

02/05/2025

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Shatonla Daniel Date
Licensing Consultant

Approved By:

02/06/2025

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Ardra Hunter Date
Area Manager