



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 5, 2025

Alice Offiong  
Romarie Residential Services, Inc.  
5541 W Outer Drive  
Detroit, MI 48235

RE: License #: AS820286212  
**House of Marie Ephraim**  
**20521 Westmoreland Rd.**  
**Detroit, MI 48219**

Dear Mrs. Offiong:

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 blue ink that reads "K. Robinson". The signature is written in a cursive, flowing style.

K. Robinson, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

|                                    |  |
|------------------------------------|--|
| <b>License #:</b>                  | AS820286212                                      |
| <b>Licensee Name:</b>              | Romarie Residential Services, Inc.               |
| <b>Licensee Address:</b>           | 5541 W Outer Drive<br>Detroit, MI 48235          |
| <b>Licensee Telephone #:</b>       | (313) 506-6888                                   |
| <b>Licensee/Licensee Designee:</b> | Alice Offiong                                    |
| <b>Administrator:</b>              | Asari Offiong                                    |
| <b>Name of Facility:</b>           | House of Marie Ephraim                           |
| <b>Facility Address:</b>           | 20521 Westmoreland Rd.<br>Detroit, MI 48219      |
| <b>Facility Telephone #:</b>       | (313) 362-7516                                   |
| <b>Original Issuance Date:</b>     | 01/19/2007                                       |
| <b>Capacity:</b>                   | 5  |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/04/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 01

No. of others interviewed 01 Role: licensee designee

- 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.
- 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: 803(5), 311(1), and 207(2) 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:**
- (d) Personal care, supervision, and protection.**

Direct care staff, Judith Uzoma was hired on 10/7/24; she has no verification of Personal care, supervision, and protection training.

**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.**

Observed multiple medication administration records (12/23 and 06/24) that do not contain the signature of the person(s) administering resident medication. Licensee designee, Alice Offiong expressed confidence that the residents receive their medication as prescribed; however, Mrs. Offiong acknowledged that staff sometimes forget to sign the log as required.

This is a **REPEAT VIOLATION**; See 2022 Renewal LSR. Ms. Offiong submitted an approved corrective action plan, but to date, it appears the plan has not been implemented successfully based on the repeat violation. Continued noncompliance may result in modification of the license.

**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.

PB's Resident Funds Part II are incomplete; no Cost of Care transactions documented after 7/1/24. Missing 08/24 through 02/25.

**R 400.14403            Maintenance of premises.**

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

- Observed 2 of 3 bedroom dressers that are broken and missing at least one drawer.
- Observed dirty and torn blinds in 1 of 3 resident bedrooms.

**R 400.14403            Maintenance of premises.**

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

Observed very dirty floor tiles in the bedroom with a single bed.

**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.**

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

The smoke detector in the hallway outside of the bedrooms chirped continuously throughout the duration of the inspection.

#### **IV. RECOMMENDATION**

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



02/05/25

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K. Robinson  
Licensing Consultant

Date