



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 16, 2025

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:

This letter is a follow-up to the Department's findings regarding the interim inspection conducted at your facility on 05/16/2025. The purpose of this inspection was to determine compliance with applicable licensing statutes and administrative rules for an Adult Foster Care small group home.

The violations that were found are:

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

During the on-site inspection, medications were reviewed for Resident B. Resident B's Ventolin inhaler was found to be removed from the pharmacy supplied container

and placed in a clear plastic zipper bag with his name and the name of the medication written on the bag.

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 inspection I reviewed the medications for Resident A & Resident B. I reconciled the medications available to the medications listed on the *Medication Administration Records* (MAR) for each resident. It was discovered that Resident B is prescribed Acetaminophen 500MG, every 6 hours as needed, and Mucus Relief ER 600MG tablet, 1 tablet by mouth two times daily. These medications were not listed on the MAR as being administered. Licensee Designee, Esther Mwankenja, reported that these are both active medications for Resident B and should be listed on the MAR. I observed that Resident A's MAR did not list the medication, Lorazepam 0.5MG. This medication is ordered with the directions, Take one by mouth twice a day. Take one in the morning, and one at dinnertime, and one tablet additional as needed. I observed Ms. Mwankenja administer this medication to Resident A, during this on-site investigation. This medication needs to be added to the MAR for proper documentation of administered doses.

Due to the violations identified in the report, **a written corrective action plan** is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

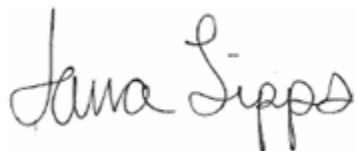
- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.

- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

A follow-up inspection may be made to verify compliance. Should the corrections not be made in the specified time, it may be necessary to reevaluate the status of your license. The Department provides technical assistance to meet the licensing requirements and consultation to improve services.

Please 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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The ink is dark and the signature is written 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

Enclosures