

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 22, 2025

Josephine Uwazurike Kevdaco Human Services LLC PO Box 4199 Southfield, MI 48037

RE: License #: AS820282017

Kevdaco Westland I 1900 Martin Street Westland, MI 48185

Dear Ms Uwazurike:

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) 456-0439.

Sincerely,

LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd

3 Stevens

Detroit, MI 48202 (313) 949-3055

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AS820282017

Licensee Name: Kevdaco Human Services LLC

Licensee Address: Suite 200

23999 Northwestern Hwy Southfield, MI 48075

Licensee Telephone #: (248) 722-5004

Licensee/Licensee Designee: Josephine Uwazurike, Designee

Administrator:

Name of Facility: Kevdaco Westland I

Facility Address: 1900 Martin Street

Westland, MI 48185

Facility Telephone #: (734) 895-8082

Original Issuance Date: 07/18/2006

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	05/22/2025
Date of Bureau of Fire Services Inspection if applicable:	
Date of Health Authority Inspection if applicable:	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed N/A Role:	2 4
 Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. A worksheet inspection was completed. 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. A full worksheet inspection was completed. Fire drills reviewed? Yes ⋈ No ⋈ If no, explain. 	
Fire safety equipment and practices observe	ed? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification O If no, explain. Water temperatures checked? Yes ⊠ No 	• ,
 Incident report follow-up? Yes No If N/A Corrective action plan compliance verified? LSR Dated 04/18/2023, Rule; 403(1) N/A Number of excluded employees followed-up 	Yes ⊠ CAP date/s and rule/s:
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 400.14301

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.

At the time of inspection Resident A did not have an updated health care appraisal. His last appraisal dated 04/18/2024.

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.

At the time of inspection Resident A's Olanzapine medication indicated 15mg one tablet at bedtime. However, the medication sheet indicated 20mg.

Resident A's had Hydroxyzine 25mg take one tablet by mouth twice a day. However, his medication sheet indicated 50mg twice a day.

R 400.14315 Handling of resident funds and valuables.

(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

At the time of inspection, Resident A's Funds II was not signed by all required representatives.

IV. RECOMMENDATION

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

LaKeitha Stevens Date Licensing Consultant