



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 3, 2025

Queen Ogunedo
Grace Mercy Faith, LLC
1506 Plymouth Street
Jackson, MI 49202

RE: License #: AS380391105
Plymouth Street Home
1506 Plymouth Street
Jackson, MI 49202

Dear Mrs. Ogunedo:

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 designee 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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius". The script is cursive and fluid, with the first name and last name clearly distinguishable.

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #:	AS380391105
Licensee Name:	Grace Mercy Faith, LLC
Licensee Address:	1506 Plymouth Street Jackson, MI 49202
Licensee Telephone #:	(517) 414-6615
Licensee/Licensee Designee:	Queen Ogunedo
Administrator:	Queen Ogunedo
Name of Facility:	Plymouth Street Home
Facility Address:	1506 Plymouth Street Jackson, MI 49202
Facility Telephone #:	(517) 795-1296
Original Issuance Date:	07/11/2018
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/02/2025

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 1
No. of residents interviewed and/or observed 0
No. of others interviewed 0 Role:

- 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.
The on-site inspection was not concurrent with the mealtimes.
- 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.
- Incident Reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
R 400.14301 (4), R 400. 14312 (4), R 400.14315 (3)(6), R 400. 14318 (5),
R 400.14403 (1) and R 400.14507 (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 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

- There was no documentation that Queen Ogunedo, Licensee Designee, had completed the 16-hours of training in 2024, as required by the rule.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

- There was no record of the current TB test results for Queen Ogunedo, Licensee Designee.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an

individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

- There was no record of the current TB test results for Employee #1.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

- There was no record that the licensee annually reviewed the health status of Employee #1.

R 400.14207 Required personnel policies.

(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.

- There was no documentation that Employee #1 had been provided with a copy of the job description.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(e) Verification of experience, education, and training.

- There was no documentation available for review to demonstrate that Employee #1 had been trained after being hired. There was also no proof that she had been trained in First Aid & CPR.

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.

- The *Health Care Appraisal* for Resident A was not reviewed annually (2024) as required by the rule.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

- The *AFC Assessment Plan* for Resident A was not reviewed annually (2024) as required by the rule.

THIS IS A REPEAT VIOLATION – Please see LSR dated July 7, 2023.

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:

(a) Be trained in the proper handling and administration of medication.

(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.

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

- On July 2, 2025, the medication log was initialed for Resident A's medication (Donepezil 10 mg for 8:00 p.m.), prior to the medication being administered.

THIS IS A REPEAT VIOLATION – Please see LSR dated July 7, 2023.

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.

- The *Resident Funds Part II* forms for Resident A were not completed, documenting AFC Payments received.

THIS IS A REPEAT VIOLATION – Please see LSR dated July 7, 2023.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

- There were no fire drills conducted during the sleeping hours in the 2nd quarter of 2024.
- There were no records of fire drills being completed during the daytime, evening, and sleeping hours in the 3rd and 4th quarters of 2024.

- There were no fire drills conducted during the sleeping hours in the 1st quarter of 2025.

THIS IS A REPEAT VIOLATION – Please see LSR dated July 7, 2023.

R 400.14503 Interior finishes and materials generally.

(4) Class A, B, and C materials are interior finish materials that have the following minimum characteristics:

Class Flame Spread Smoke Developed

A	0-25	0-450
B	26-75	0-450
C	76-200	0-450

- The covers which allowed access to the enclosed furnace were equipped with an interior finish that is not approved by LARA. The licensee must provide documentation of the flame spread or remove the interior finish and replace it with an acceptable interior finish, that meets the classification levels included above.

IV. RECOMMENDATION

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

Martina Rubaitis

7/03/2025

Date

Licensing Consultant