



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 13, 2025

Okechuku Wachuku
Midwest AFC Homes Inc.
21880 Farmington Road
Farmington, MI 48336

RE: License #: AS820293943
Alexandria Home
30101 Grandview
Inkster, MI 48141

Dear Mr Wachuku:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification are renewed. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

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

I. IDENTIFYING INFORMATION

License #:	AS820293943
Licensee Name:	Midwest AFC Homes Inc.
Licensee Address:	21880 Farmington Road Farmington, MI 48336
Licensee Telephone #:	(734) 365-4707
Licensee/Licensee Designee:	Okechuku Wachuku, Designee
Administrator:	Okechuku Wachuku
Name of Facility:	Alexandria Home
Facility Address:	30101 Grandview Inkster, MI 48141
Facility Telephone #:	(734) 365-4707
Original Issuance Date:	02/08/2008
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/11/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed 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.
- 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.
N/A
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
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:

MCL 400.734b Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.

(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good-faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency. Until June 30, 2020, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. Until June 30, 2020, the adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. Beginning July 1, 2020, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the charge shall be paid by the adult foster care facility, the staffing agency, or the individual. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under

this subsection. The report shall contain any criminal history record information on the individual maintained by the department of state police.

The employees files did not contain the required fingerprint documentation. The files did not contain the fingerprint receipt/confirmation, and the files did not contain the application.

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.

Direct care staff Miracle John Mark's TB test result was obtained after her date of hire. Ms. John Mark's date of hire was 01/03/2024. Ms. John Mark's' TB test result was dated 02/02/2024.

Direct care staff Temitope Akanni did not have a current TB test result.

R 400.14207

Required personnel policies.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

The employee files did not contain verification of receipt of the policies and procedures

R 400.14316

Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

- (i) Name.
 - (ii) Social security number, date of birth, case number, and marital status.
 - (iii) Former address.
 - (iv) Name, address, and telephone number of the next of kin or the designated representative.
 - (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.
 - (vi) Name, address, and telephone number of the preferred physician and hospital.
 - (vii) Medical insurance.
 - (viii) Funeral provisions and preferences.
 - (ix) Resident's religious preference information.
- (b) Date of admission.
- (c) Date of discharge and the place to which the resident was discharged.

Resident A's resident record did not contain the resident identification form which contain the above information.

A corrective action plan was requested and approved on 06/11/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Edith Richardson
Licensing Consultant

06/11/2025

Date