



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 21, 2025

Yvon Mukunzi
HEALING TOGETHER LLC
2019 Heather Lane
Kalamazoo, MI 49048

RE: License #: AS390418636
HEALING TOGETHER LLC
2019 Heather Lane
Kalamazoo, MI 49048

Dear Yvon Mukunzi:

This letter is a follow-up to the Department's findings regarding the interim inspection conducted at your facility on 05/20/2025. The purpose of this inspection was to determine compliance with applicable licensing statutes and administrative rules for an Adult Foster Care small group home.

Additionally, please submit a renewal application and fee.

The violations that were found are:

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.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not

apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

FINDING: Eligibility letters from the Workforce Background Check were not available during the inspection. All direct care staff, including the Administrator, need to have fingerprints completed through the Workforce Background Check system.

R 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the home into compliance with the physical plant standards for "impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the

Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O.Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

FINDING: The facility's sole resident did not have an evacuation assessment completed. All residents need to have evacuation assessments due to the facility being a specialized certification facility.

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:

(f) Verification of reference checks.

FINDING: Though the licensee obtained references for staff there was no way to determine how the licensee was verifying these references. The licensee must have a process to verify reference checks of each employee.

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.

Definitions. (d) "Assessment plan" means a written statement that is prepared in cooperation with a responsible agency or individual that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical and behavioral needs and well-being and the methods of providing the care and services, taking into account the preferences and competency of the individual.

FINDING: Upon review of the facility's sole resident's *Assessment Plan for AFC Residents*, there were sections that were not completed or adequately identified the

specific care and maintenance, services, and resident activities appropriate for the resident's physical and behavioral needs and well-being and the methods of providing the care and services For example, the assessment plan documented the resident did not need assistance with taking his medication; however, the licensee was administering the medications.

"Emergency admissions" are those admissions when a resident requires immediate placement into an AFC without the advantage of comprehensive pre-placement planning. The licensee must complete an initial written assessment of the resident at the time of the emergency admission to ensure that the resident meets the admission criteria before the admission is accepted. An APS placement is one example of an emergency admission. If the licensee accepts a resident for admission then determines they are unable to meet the resident's needs, they must comply with the discharge rules.

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.

FINDING: Insulin medication was being kept in a small refrigerator; however, the refrigerator was not locked.

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.

FINDING: Staff were not initialing the Medication Administration Record. They were only putting in a check mark. There were dates and times that were not initialed documenting the medication had even been administered (e.g. there were holes in the MAR).

Also, the sole resident required insulin; however, the dosage of insulin was not recorded consistently.

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:

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

FINDING: The facility's sole resident had an as needed Trazadone medication, which staff were administering every night; however, the reason for administering this as needed medication was not documented.

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.

FINDING: Resident Funds I and Resident Funds II forms were not completed for the facility's sole resident. Even if the licensee is not safe keeping a resident's personal funds, AFC payments must be tracked.

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.

FINDING: There was no documentation regarding the facility's sole resident's funeral provisions and preferences, as required.

Due to the violations identified in the report, a **written corrective action plan (CAP)** 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 will be made to verify compliance; however, if you are unable to admit another resident prior to the temporary license expiring on 07/01/2025, then this interim inspection will be used as the renewal inspection. A thorough CAP and verification of CAP compliance needs to be submitted. 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 black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

Enclosures