



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 1, 2020

Anthony Ezeanya  
Acon Services, Inc.  
6481 Royal Pointe  
West Bloomfield, MI 48322

RE: License #: AS820379150  
**Sunderland AFC Home**  
**17127 Sunderland Road**  
**Detroit, MI 48219**

Dear Mr. Ezeanya:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is 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) 456-0380.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820379150
<b>Licensee Name:</b>	Acon Services, Inc.
<b>Licensee Address:</b>	17126 Prevost St. Detroit, MI 48235
<b>Licensee Telephone #:</b>	(313) 340-2500
<b>Licensee/Licensee Designee:</b>	Anthony Ezeanya
<b>Administrator:</b>	Obiageli Ezeanya
<b>Name of Facility:</b>	Sunderland AFC Home
<b>Facility Address:</b>	17127 Sunderland Road Detroit, MI 48219
<b>Facility Telephone #:</b>	(313) 694-3829
<b>Original Issuance Date:</b>	08/05/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/01/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

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

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A full 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 virtual inspection was completed due to Covid-19 pandemic; meal preparation/service was not observed.
- 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.  
A virtual inspection was completed due to Covid-19 pandemic; a thermometer was not available at the time of inspection.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAP Dated 9/24/2019 R 400.14203 (1), R 400.14205 (3), R 400.14205 (5),  
R 400.14301 (10), R 400.14301 (4), R 400.14301 (6), R 400.14310 (3), R  
400.14318 (5), R 400.14402 (6), R 400.14403 (1), R 400.1403 (2), R 400.14407  
(3), R 400.14408 (4). 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 determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and special certification to this adult foster care small group home.



7/1/2020

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Denasha Walker  
Licensing Consultant

Date