



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 16, 2024

Chinyelu Anwunah  
Vinokan Residence Corporation  
46908 Wareham  
Canton, MI 48187

RE: License #: AS820290094  
**Glory Residence**  
**15515 Robson St.**  
**Detroit, MI 48227**

Dear Chinyelu Anwunah:

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:

- You are to submit a Statement of Correction.

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 black ink that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3029

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820290094
<b>Licensee Name:</b>	Vinokan Residence Corporation
<b>Licensee Address:</b>	10012 Robson Street Detroit, MI 48227
<b>Licensee Telephone #:</b>	(313) 408-3227
<b>Licensee/Licensee Designee:</b>	Chinyelu Anwunah
<b>Administrator:</b>	Chinyelu Anwunah
<b>Name of Facility:</b>	Glory Residence
<b>Facility Address:</b>	15515 Robson St. Detroit, MI 48227
<b>Facility Telephone #:</b>	(313) 408-3227
<b>Original Issuance Date:</b>	08/14/2007
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/16/2024

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 1

No. of others interviewed 0 Role: N/A

- 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.  
Resident had already eaten
- 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
06/21/2022 Rules:  
803(6),204(3),205(3),208(1),301(6),401(2),402(3),403(1),403(11),407(3) 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 400.14403 Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

The furnace had not been inspected since year 2022.

Two of the stove burners were not working (front right and left rear).

**R 400.14407 Bathrooms.**

**(3) Bathrooms shall have doors. Only positive-latching, non-locking against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.**

The downstairs bathroom door was equipped with locking against egress hardware.

**REPEAT VIOLATION {RENEWAL INSPECTION 06/21/2022}**

**IV. RECOMMENDATION**

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



Regina Buchanan  
Licensing Consultant

04/16/2024  
Date