



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 9, 2025

Chiquita Thomas  
Diamond Adult Foster & Respite Homes LLC  
24507 Lafayette Circle  
Southfield, MI 48075

RE: License #: AS820339504  
**Diamond Adult Foster Homes**  
**5400 Oakman Blvd**  
**Detroit, MI 48204**

Dear Ms. Thomas:

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:

- An on-site inspection will be conducted.

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 blue ink that reads "K. Robinson".

K. Robinson, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820339504

**Licensee Name:** Diamond Adult Foster & Respite Homes LLC

**Licensee Address:** 24507 Lafayette Circle  
Southfield, MI 48075

**Licensee Telephone #:** (313) 704-4641

**Licensee/Licensee Designee:** Chiquita Thomas

**Administrator:** Chiquita Thomas

**Name of Facility:** Diamond Adult Foster Homes

**Facility Address:** 5400 Oakman Blvd  
Detroit, MI 48204

**Facility Telephone #:** (313) 307-7112

**Original Issuance Date:** 06/30/2014

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/08/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 03

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Morning meds passed prior to my arrival.
- 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.  
Both breakfast and lunch served prior to my arrival.
- 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:  
01/11/23: 312(4)(b), 301(6), 301(10), 401(3), and 402(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 400.14312 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.**

Observed Medication Administration Records during the month of August 2024 where several staff signed Vitamin D out daily when the label instructions are for this medication to be administered weekly. The licensee designee explained staff did not overmedicate the resident, but rather, they signed the medication out as having been administered although it was not. Per Ms. Thomas, the pharmacy only delivered a weekly supply, so there wasn't enough medication available in the home to administer the Vitamin D tablet daily.

This is a **REPEAT VIOLATION**; See 2023 Renewal LSR. Ms. Thomas submitted an acceptable plan of correction, but to date, said plan has not been successfully implemented. Continued noncompliance may result in modification of the license.

**R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.**

**(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.**

Observed the smoke detector located in the basement stairwell constantly chirping throughout the duration of the inspection.

A corrective action plan was requested and approved on 01/08/2025. 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.



01/09/25

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Kara Robinson  
Licensing Consultant

Date