



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 7, 2025

Flora Shilu  
706 Hickory Street  
Niles, MI 49120

RE: License #: AF110360803  
**Alex AFC Home**  
**706 Hickory Street**  
**Niles, MI 49120**

Dear Ms. Shilu-Dsilva:

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 add medication to the MAR.

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

|                                    |  |
|------------------------------------|--|
| <b>License #:</b>                  | AF110360803  |
| <b>Licensee Name:</b>              | Flora Shilu-Dsilva   |
| <b>Licensee Address:</b>           | 706 Hickory Street<br>Niles, MI 49120  |
| <b>Licensee Telephone #:</b>       | (269) 340-5959   |
| <b>Licensee/Licensee Designee:</b> | N/A  |
| <b>Administrator:</b>              | Flora Shilu-Dsilva   |
| <b>Name of Facility:</b>           | Alex AFC Home  |
| <b>Facility Address:</b>           | 706 Hickory Street<br>Niles, MI 49120  |
| <b>Facility Telephone #:</b>       | (269) 340-5959   |
| <b>Original Issuance Date:</b>     | 09/08/2014   |
| <b>Capacity:</b>                   | 6  |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED<br>ALZHEIMERS |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/06/2025

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 5

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. Resident funds not held by the home.
- 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.
- 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:

**R 400.1418**

**Resident medications.**

**(1) Prescription medication, including tranquilizers, sedatives, dietary supplements, or individual special medical procedures, shall be given or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy container which shall be labeled for the specific 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.**

**FINDINGS:** PRN medication for Resident A was not listed on the MAR.

A corrective action plan was requested and approved on 02/06/2025. 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.

#### IV. RECOMMENDATION

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

*Nile Khabeiry, LMSW*

2/7/25

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Nile Khabeiry  
Licensing Consultant

Date