



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 31, 2025

Tino Manimalethu
Holy Family LLC
49650 Lakebridge Drive
Shelby Township, MI 48315

RE: License #: AS500398140
Holy Family Living Center
2850 Parent Ave
Warren, MI 48092

Dear Mr. Manimalethu:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500398140
Licensee Name:	Holy Family LLC
Licensee Address:	49650 Lakebridge Drive Shelby Township, MI 48315
Licensee Telephone #:	(586) 222-9043
Licensee/Licensee Designee:	Tino Manimalethu
Administrator:	Tino Manimalethu
Name of Facility:	Holy Family Living Center
Facility Address:	2850 Parent Ave Warren, MI 48092
Facility Telephone #:	(586) 578-9526
Original Issuance Date:	04/07/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/25/2025

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 2

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medications with licensee.
- 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.
Inspection did not occur during a meal preparation.
- 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:
CAP date 04/05/2023- AS203(1), AS205(6), AS301(10), AS301(4), AS301(9),
AS310(3), AS312(1), AS318(5), AS401(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 400.14301	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.
<p>Resident A's assessment plan dated 02/15/2025 was not signed by guardian.</p> <p>REPEAT VIOLATION ESTABLISHED Reference LSR dated 04/05/2023, CAP dated 04/11/2023</p>	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.
<p>Resident A's resident care agreement dated 02/15/2025 was not signed by guardian.</p>	
R 400.14306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.
<p>Resident A's use of walker and shower chair were not listed in written assessment plan. Resident B's use of cane, walker, shower chair and bed rails were not listed in written assessment plan.</p>	
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or

	<p>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.</p>
<p>During the onsite inspection, licensee reported that Resident B's Hydrocortisone 2.5% cream and Clotrimazole 1% cream were being stored in his bedroom.</p> <p>Resident A is prescribed Benadryl. During the onsite inspection, I observed the medication was being kept in bottle with label made by licensee. All medications should be kept in pharmacy-supplied container, in a locked location.</p> <p>REPEAT VIOLATION ESTABLISHED Reference LSR dated 04/05/2023, CAP dated 04/11/2023</p>	
R 400.14312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered.
<p>Resident A had prescription for Doxepin HCL 25 mg. Medication was not listed on Resident A's March 2025 medication log.</p> <p>Resident A had prescription for Dicyclomine HCL 10 mg with instructions to take one capsule, two times daily, if needed for abdominal pain. Medication log instructions did not match label instructions and stated to take three times daily as needed.</p> <p>Resident A had prescription for Valsartan 160 mg, take one tablet every day. The dosage on medication log was 40 mg and did not match label.</p> <p>Resident A had Vitamin D3 and stool softener that were not listed on medication log.</p>	
R 400.14312	Resident medications.
	<p>(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.</p>

Resident B had Magnesium Oxide that was not listed on March 2025 medication log. Licensee indicated that medication had been discontinued. Discontinued medications should be disposed of after consultation.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



03/31/2025

Kristine Cilluffo
Licensing Consultant

Date