



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 4, 2025

Casmir Nnaji  
Peace Home Michigan Inc.  
28755 San Carlos Street  
Southfield, MI 48076

RE: License #: AS820392529  
**Peace Home MI - Florence**  
**26732 Florence St.**  
**Inkster, MI 48141**

Dear Mr. Nnaji:

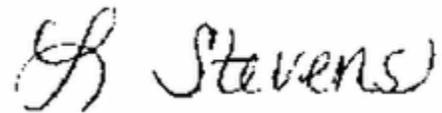
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (313) 456-0439.

Sincerely,

A handwritten signature in black ink that reads "LaKeitha Stevens". The signature is written in a cursive style with a large, stylized initial "L".

LaKeitha Stevens, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3055

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820392529

**Licensee Name:** Peace Home Michigan Inc.

**Licensee Address:** 28755 San Carlos Street  
Southfield, MI 48076

**Licensee Telephone #:** (248) 508-2662

**Licensee/Licensee Designee:** Casmir Nnaji, Designee

**Administrator:**

**Name of Facility:** Peace Home MI - Florence

**Facility Address:** 26732 Florence St.  
Inkster, MI 48141

**Facility Telephone #:** (313) 908-9433

**Original Issuance Date:** 12/05/2018

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/03/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A 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 full worksheet inspection was completed.
- 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.  
N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
LSR Dated 06/08/2023, Rules: 208(1), 312(4)(b), 315(8) 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 400.14208            Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(a) Name, address, telephone number, and social security number.**

**(b) The professional or vocational license, certification, or registration number, if applicable.**

**(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.**

**(d) Verification of the age requirement.**

**(e) Verification of experience, education, and training.**

**(f) Verification of reference checks.**

**(g) Beginning and ending dates of employment.**

**(h) Medical information, as required.**

**(i) Required verification of the receipt of personnel policies and job descriptions.**

At the time of inspection staff J.N.'s file did not have verification of age, education, job description and reference checks.

**R 400.14315            Handling of resident funds and valuables.**

**(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.**

At the time of inspection, Resident Funds II did not have verification of all required signatures.

**R 400.14410            Environmental health.**

**(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.**

At the time of inspection, resident bedrooms were not equipped with a mirror.

**R 400.14403            Maintenance of premises.**

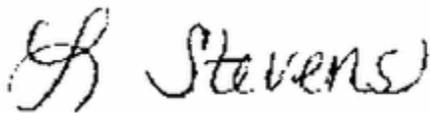
(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection:

- There was a whole in the bedroom wall.
- The stove knob was not functional
- The facility needed cleaning
- The furniture need replacement
- The detectors are not interconnected.

**IV. RECOMMENDATION**

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



06/04/2025

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LaKeitha Stevens  
Licensing Consultant

Date