



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 4, 2025

Daniela Iacoban  
Peaceful Manor LLC  
31202 Westhill  
Farmington Hills, MI 48336

RE: License #: AS820413180  
**Peaceful Manor II**  
**20323 Hugh St.**  
**Livonia, MI 48152**

Dear Daniela Iacoban:

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) 456-0439.

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>	AS820413180
<b>Licensee Name:</b>	Peaceful Manor LLC
<b>Licensee Address:</b>	31202 Westhill Farmington Hills, MI 48336
<b>Licensee Telephone #:</b>	(248) 739-0496
<b>Licensee/Licensee Designee:</b>	Daniela Iacoban
<b>Administrator:</b>	Daniela Iacoban
<b>Name of Facility:</b>	Peaceful Manor II
<b>Facility Address:</b>	20323 Hugh St. Livonia, MI 48152
<b>Facility Telephone #:</b>	(248) 987-4264
<b>Original Issuance Date:</b>	12/12/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

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

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 4

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.  
The residents 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.  
None
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
06/12/2023 Rules: 204(3), 401(2), 507 (5) 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 400.14204      Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

- (a) Reporting requirements.**
- (b) First aid.**
- (c) Cardiopulmonary resuscitation.**
- (d) Personal care, supervision, and protection.**
- (e) Resident rights.**
- (f) Safety and fire prevention.**
- (g) Prevention and containment of communicable diseases.**

Staff, Nicole Townsend, did not completed First Aid and CPR training before working in the home. Her start date was on 08/01/2024 and her First Aid and CPR training was completed on 10/19/2024.

**REPEAT VIOLATION {RENEWAL INSPECTION 06/12/2023}**

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

**(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.**

Fire drills were not completed quarterly during each timeframe as required. During the year 2024 six daytime drills were completed, four evening drills, and only two sleeping drills.

**R 400.14507      Means of egress generally.**

**(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive latching non-locking-against-egress hardware.**

The front egress door was equipped with locking against egress hardware.

**REPEAT VIOLATION {RENEWAL INSPECTION 06/12/2023}**

#### **IV. RECOMMENDATION**

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



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Regina Buchanan  
Licensing Consultant

06/04/2025  
Date