



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 3, 2025

Elonda Grubbe
Macomb Residential Opportunities Inc.
14 Belleview, Suite #102
Mt. Clemens, MI 48043

RE: License #: AS500011903
Forbes Home
48402 Forbes
New Baltimore, MI 48047

Dear Ms. Grubbe:

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) 972-9136.

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 #:	AS500011903
Licensee Name:	Macomb Residential Opportunities Inc.
Licensee Address:	Suite #102 14 Belleview Mt Clemens, MI 48043
Licensee Telephone #:	(586) 469-4480
Licensee/Licensee Designee:	Elonda Grubbe
Administrator:	Elonda Grubbe
Name of Facility:	Forbes Home
Facility Address:	48402 Forbes New Baltimore, MI 48047
Facility Telephone #:	(586) 949-1771
Original Issuance Date:	05/01/1982
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/30/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Reviewed medications with Home Manager and Area Supervisor.
- 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 06/29/2023- AS306(3), AS410(1)(d) 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 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.
Resident A did not have a physician authorization in file for use of hospital bed. REPEAT VIOLATION ESTABLISHED: LSR dated 06/28/2023, CAP dated 06/29/2023	
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.

Resident A's June 2025 medication log was missing staff initials for the following medications:

Acetaminophen Er Tb 650 mg- 06/14 (HS), 06/17 (HS), 06/26 (3PM)
 Aspirin Low Tab 81 mg- 06/04, 06/06, 06/07, 06/09, 06/10, 06/14, 06/16-06/21, 06/23-06/30
 Citracal 1200mg + D Slow Rel Tab- 06/20 (8PM), 06/29 (8PM)
 Risperidone Tab 0.5 mg- 06/04 (3PM, HS)

On 06/30/2025, I completed an onsite inspection at 11:00 am. Resident A's June 2025 medication log was already initiated by staff for 8:00 pm dose of Citracal 1200mg + D Slow Rel Tab.

Resident B is prescribed Ferrous Sulfate Tabs 325 mg at 8:00 am. The medication was listed twice on Resident B's medication log.

On 06/30/2025, I completed an onsite inspection at 11:00 am. During the onsite inspection, I observed that Resident B's medication log was not initialed by staff for 8:00 am medications. Home Manager stated that medications were administered that morning. Staff should initial medication log at the time the medication is given.

R 400.14315

Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident B's Funds Part 1 form was not completed. The form was signed but did not have accounts selected that are being managed by licensee.

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.

A sleep time drill was not conducted for the 3rd quarter of 2023. A daytime drill was not completed for the 4th quarter of 2023. A sleep time drill was not conducted for the 1st quarter of 2024.

IV. RECOMMENDATION

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

Kristine Cilluffo

07/03/2025

Date

Licensing Consultant