



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 30, 2025

Faith Hinson
Ethos Behavioral Health, LLC
32047 Vegas Dr
Warren, MI 48093

RE: License #: AS500413738
Vegas Home
32047 Vegas Dr
Warren, MI 48093

Dear Ms. Hinson:

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 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 #:	AS500413738
Licensee Name:	Ethos Behavioral Health, LLC
Licensee Address:	32047 Vegas Dr Warren, MI 48093
Licensee Telephone #:	(833) 384-6724
Licensee/Licensee Designee:	Faith Hinson
Administrator:	Faith Hinson
Name of Facility:	Vegas Home
Facility Address:	32047 Vegas Dr Warren, MI 48093
Facility Telephone #:	(855) 384-6724
Original Issuance Date:	02/03/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/29/2025

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 3

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee Desginee

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medications with staff.
- 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.
No recent incident reports.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
CAP 08/14/2023- AS205(3), AS207(3), AS306(2)(3), AS312(1)(4)(7), AS313(5),
AS410(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 400.14204	Direct care staff; qualifications and training.
	<p>(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:</p> <p>(b) First aid.</p> <p>(c) Cardiopulmonary resuscitation.</p>
Staff, Precious Arnold, did not have verification of current CPR/First Aid training during the onsite inspection.	
R 400.14306	Use of assistive devices.
	<p>(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>
<p>Resident A's use of cane was not listed in assessment plan dated 01/09/2025.</p> <p>REPEAT VIOLATION ESTABLISHED: LSR dated 08/01/2023, CAP dated 08/14/2023</p>	
R 400.14306	Use of assistive devices.
	<p>(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.</p>
<p>Resident A did not have physician authorization in file for use of cane, toilet seat and tub bench.</p> <p>REPEAT VIOLATION ESTABLISHED: LSR dated 08/01/2023, CAP dated 08/14/2023</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> <p>(i) The medication.</p> <p>(ii) The dosage.</p>
	<p>The dosage for Resident A's 8:00 pm Olanzapine did not match on medication log and pill pack. The dosage on the medication log was 20 mg and the dosage on pill pack was 5 mg.</p> <p>The dosage for Resident B's Ashwagandha did not match on medication log and bottle. The dosage on medication log was listed as 500 mg. Resident B had a bottle of 600 mg Ashwagandha.</p> <p>Resident B had Quetiapine Fumarate 25 mg PRN listed on medication log. Resident B did not have medication available in the home. Home Manger indicated the medication has been discontinued. The medication should be removed from the medication log if no longer prescribed.</p>
R 400.14402	Food service.
	<p>(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.</p>
	<p>During the onsite inspection, I observed that the refrigerator and freezers in basement were not equipped with thermometers.</p>
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	<p>(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.</p>
	<p>A sleep time drill was not completed for the 2nd quarter of 2025 and the 2nd quarter of 2024. Only two fire drills were completed during the 4th quarter of 2024. The sleep time drill was not completed.</p>

IV. RECOMMENDATION

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

Kristine Cilluffo

07/30/2025

Kristine Cilluffo
Licensing Consultant

Date