



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 15, 2025

Marion Justice
Alans Foster Care
PO Box 09410
Detroit, MI 48209

RE: License #: AS820013513
Justice AFC Home
8532 Vanderbilt
Detroit, MI 48209

Dear Ms. Justice:

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:

- An on-site inspection will be conducted.

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 cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

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

I. IDENTIFYING INFORMATION

License #:	AS820013513
Licensee Name:	Alans Foster Care
Licensee Address:	PO Box 09410 Detroit, MI 48209
Licensee Telephone #:	(313) 410-9028
Licensee/Licensee Designee:	Marion Justice
Administrator:	Marion Justice
Name of Facility:	Justice AFC Home
Facility Address:	8532 Vanderbilt Detroit, MI 48209
Facility Telephone #:	(313) 842-5208
Original Issuance Date:	10/01/1982
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/14/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Home Manager

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Full inspection 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.
Full inspection 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.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
318 (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 400.14312

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.

At the time of inspection, Resident A's medication administrator record reviewed did not contact Haloperidol 5mg and Divalproex Sodium 250mg but Resident A was receiving the medications from 7/01/2025 until 7/14/2025.

R 400.14507

Means of egress generally.

(6) Occupied room door hardware shall be equipped with positive latching, non-locking-against-egress hardware.

At the time of inspection, I observed rear resident bedroom door and first floor bathroom door to not be equipped with positive latching hardware.

A corrective action plan was requested and approved on 07/15/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

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



07/15/2025

Shatonla Daniel
Licensing Consultant

Date