



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 30, 2025

Lisa Rice
Honi Senior Living LLC
11829 N Canton Center Rd.
Plymouth, MI 48170

RE: License #: AS630418908
Honi Senior Living
1059 Valleyview Drive
Clarkston, MI 48348

Dear Ms. Rice:

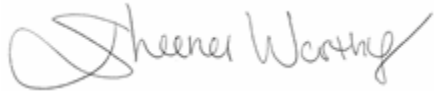
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 grey ink that reads "Sheena Worthy". The signature is fluid and cursive, with a large loop at the beginning of the first name.

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License#:	AS630418908
Licensee Name:	Honi Senior Living LLC
Licensee Address:	11829 N Canton Center Rd. Plymouth, MI 48170
Licensee Telephone #:	(734) 751-1539
Licensee/Licensee Designee:	Lisa Rice
Administrator:	Lisa Rice
Name of Facility:	Honi Senior Living
Facility Address:	1059 Valleyview Drive Clarkston, MI 48348
Facility Telephone #:	(313) 282-4337
Original Issuance Date:	02/20/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/30/2025

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed Role:

- 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.
I did not observe a meal being prepared.
- 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:
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 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A's guardian did not sign the initial assessment plan.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

Resident A's guardian did not sign the initial resident care agreement.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

The weight record provided for Resident A included previous weights documented under a different group home's license number.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or

applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Resident B's Mupirocin 2% ointment was not locked in a cabinet or a drawer as it was placed in her bedroom unsecured.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A is prescribed Milk of Magnesia as a PRN however; this medication was not in the home.

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:

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Resident A's MAR for the month of July was missing staff initials for the following medications:

- Amox/K Clav 500mg- 8:00am 07/20/25
- Eliquis 5mg-9:00pm 07/14/25, 9:00am & 9:00pm 07/24/25, 07/25/25 9:00am
- Stool Softer- 8:00pm 07/04/25

Resident B's MAR for the month of July was missing staff initial for the following medications:

- Citalopram 40mg 07/13/25, 07/20/25, 07/24/25, 07/25/25
- Daily Vite 07/13/25, 07/20/25, 07/24/25, 07/25/25
- Divalproex 250mg 07/06/25, 07/13/25, 07/20/25, 07/24/25, 07/25/25
- Divalproex 500mg 07/20/25, 07/24/25, 07/12/25
- Lacosamide 100mg 07/13/25, 07/20/25, 07/24/25, 07/25/25
- Mucus Relief 600mg 07/13/25, 07/20/25, 07/24/25, 07/25/25
- Quetiapine 25mg 07/08/25, 07/12/25, 07/13/25, 07/20/25, 07/24/25, 07/25/25
- Scopolamine 1mg patch

R 400.14313 Resident nutrition.

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

During the onsite I observed the menu, the meal listed for today's lunch did not match what was served to the residents. There was no substitution documented.

R 400.14315 Handling of resident funds and valuables.

(11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account.

Resident A's guardian did not sign her resident care agreement or the funds part II form for the monthly AFC payment transactions. Therefore, prior written approval was not provided by the guardian.

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 A and Resident B's funds part I forms were not completed correctly and/or in its entirety. Resident A and Resident B have guardians however; the check box for guardian was not checked in section A instead the check box for other was selected. Section B was not filled out for Resident A or Resident B.

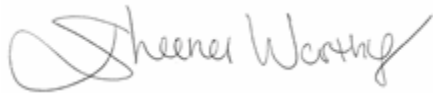
R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature in the home was 123 degrees Fahrenheit.

IV. RECOMMENDATION

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



Licensing Consultant

07/30/25
Date