

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 22, 2025

Josephine Uwazurike Allied Continuing Care Inc Suite 200 23999 Northwestern Hwy Southfield, MI 48075

RE: License #: AS820269544

Rose Manor 16216 Middlebelt Romulus, MI 48184

Dear Ms Uwazurike:

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 (313) 456-0439.

Sincerely,

LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems

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Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3055

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

I. IDENTIFYING INFORMATION

License #: AS820269544

Licensee Name: Allied Continuing Care Inc

Licensee Address: Suite 200

23999 Northwestern Hwy Southfield, MI 48075

Licensee Telephone #: (248) 569-1040

Licensee/Licensee Designee: Josephine Uwazurike, Designee

Administrator:

Name of Facility: Rose Manor

Facility Address: 16216 Middlebelt

Romulus, MI 48184

Facility Telephone #: (734) 941-4801

Original Issuance Date: 10/28/2004

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	08/15/2023
Date of Bureau of Fire Services Inspection if applicable:	
Date of Health Authority Inspection if applicable:	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed n/a Role:	3
 Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. A worksheet inspection was 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. A full worksheet inspection was completed Fire drills reviewed? Yes No If no, explain. 	
Fire safety equipment and practices observe	ed? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
 Incident report follow-up? Yes No If N/A Corrective action plan compliance verified? LSR dated 09/05/2023, Rules 315(8) and 31 Number of excluded employees followed-up? 	Yes CAP date/s and rule/s: 8(5) 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 400.14315 Handling of resident funds and valuables.

(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

At the time of inspection resident Funds II were not signed by the licensee designee and guardian.

(REPEAT VIOLATION SEE LSR DATED 09-05-2023)

IV. RECOMMENDATION

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

08/22/2025

LaKeitha Stevens Licensing Consultant

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Date