



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 10, 2025

Mark Moore  
Faith Family & Determination  
PO Box 34310  
Detroit, MI 48234

RE: License #: AS820277040  
**Faith Family & Determination**  
**4159 Algonquin Street**  
**Detroit, MI 48215**

Dear Mr. Moore:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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**

<b>License #:</b>	AS820277040
<b>Licensee Name:</b>	Faith Family & Determination
<b>Licensee Address:</b>	18714 Teppert Street Detroit, MI 48234
<b>Licensee Telephone #:</b>	(313) 521-3513
<b>Licensee/Licensee Designee:</b>	Mark Moore
<b>Administrator:</b>	Mark Moore
<b>Name of Facility:</b>	Faith Family & Determination
<b>Facility Address:</b>	4159 Algonquin Street Detroit, MI 48215
<b>Facility Telephone #:</b>	(313) 521-3513
<b>Original Issuance Date:</b>	05/05/2006
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/08/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority 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: Administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Staff was preparing lunch and dinner.
- 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.
- 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:  
N/A
- Number of excluded employees followed-up? 2 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:

**MCL 400.734b      Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer

exempt and shall be terminated from employment or denied employment.

At the time of inspection, Staff- Terrance Charles' employee file reviewed did not contain a criminal background check completed within 10 days of hire. Specifically, Terrance was hired on 01/13/2025 but his criminal clearance was dated 03/07/2025.

**R 400.14204            Direct care staff; qualifications and training.**

(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:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases.

At the time of inspection, Staff- Terrance Charles' employee file reviewed did not contain training document for personal care, supervision, and protection despite having a hired date of 01/13/2025.

**R 400.14205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, Staff- Terrance Charles' employee file reviewed did not contain a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff obtained within 30 days of employment. Specifically, Terrance was hired on 01/13/2025 but health statement was obtained on 03/12/2025

**R 400.14208            Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (e) Verification of experience, education, and training.

At the time of inspection, Staff- Terrance Charles' employee file reviewed did not contain verification of education.

**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.

At the time of inspection, Resident A's record reviewed did not contain completed written assessment plan signed by the resident guardian.

**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. A resident care agreement shall include all of the following:
  - (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

At the time of inspection, Resident A's record reviewed did not contain completed resident care agreement despite her admission of 11/09/2023.

**R 400.14313**

**Resident nutrition.**

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

At the time of inspection, licensee designee failed to maintain a record of menus for one calendar year.

**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 available for department review.

At the time of inspection, licensee designee did not practice and maintain a record of fire drills during sleeping hours for the second quarter in 2025 and evening hours for the third quarter in 2024.

**R 400.14403      Maintenance of premises.**

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

At the time of inspection, I observed dust covered ceiling fan and furnace area vents.

**R 400.14408      Bedrooms generally.**

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, I observed three resident bedroom doors not to be equipped with non-locking-against-egress hardware.

A corrective action plan was requested and approved on 09/10/2025. 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.

*Shatonla Daniel*

09/10/2025

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Shatonla Daniel  
Licensing Consultant

Date