

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 19, 2025

Gena Payne
Passion and Caring Home for the Elderly
570 E. Grand Blvd.
Detroit, MI 48207

RE: License #: AH820260951

**Passion and Caring Home for the Elderly** 

570 E. Grand Blvd. Detroit, MI 48207

Dear Ms. Payne:

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 action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 335-5985.

Sincerely, France L. Howard

Brender Howard, Licensing Staff

Bureau of Community and Health Systems

611 W. Ottawa Street, P.O. Box 30664

Lansing, MI 48909 (313) 268-1788

enclosure

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

## I. IDENTIFYING INFORMATION

License #:	AH820260951
License #.	7111020200301
Licensee Name:	Passion and Caring Home for the Elderly, LLC
Licensee Address:	570 E. Grand Blvd Detroit, MI 48207
Licensee Telephone #:	(313) 923-0170
Authorized Representative/Administrator:	Gena Payne
Name of Facility:	Passion and Caring Home for the Elderly
Facility Address:	570 E. Grand Blvd. Detroit, MI 48207
Facility Telephone #:	(313) 923-0170
Original Issuance Date:	11/18/2003
Capacity:	46
Program Type:	AGED

# **II. METHODS OF INSPECTION**

Date of On-site Inspection	n(s): 0	9/19/2025
Date of Bureau of Fire Se	rvices Inspection if applic	able:
Inspection Type:	☐Interview and Observ☐Combination	vation ⊠Worksheet
Date of Exit Conference:	09/18/2025	
No. of staff interviewed ar No. of residents interviewed No. of others interviewed		3 18
Medication pass / sim	nulated pass observed? `	Yes ⊠ No □ If no, explain.
explain.  ■ Resident funds and a Yes □ No ☒ If no,	, ,	
Interviewed staff on the	Yes ☐ No ☑ If no, exp ne policy and procedures checked? Yes ☑ No ☐	
<ul> <li>Corrective action plan CAPS for this home</li> </ul>		es CAP date/s and rule/s: No
<ul> <li>Number of excluded e</li> </ul>	mplovees followed up?	N/A 🔀

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

R 325.1932	Resident's medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.
Medication adm	inistration records (MAR) were reviewed, and the following
observations we Multiple "holes"	ere made:  'missed documentation noted on Resident A, B, C, D, and E's MAR.

## IV. RECOMMENDATION

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

Date
Licensing Consultant