



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 17, 2025

Benneth Okonkwo  
Tender Hearts, Inc.  
2708 Oakman Court  
Detroit, MI 48238

RE: License #: AS500418053  
Investigation #: 2025A0990022  
Warner Home

Dear Mr. Okonkwo:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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 contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500418053
<b>Investigation #:</b>	2025A0990022
<b>Complaint Receipt Date:</b>	08/13/2025
<b>Investigation Initiation Date:</b>	08/19/2025
<b>Report Due Date:</b>	10/12/2025
<b>Licensee Name:</b>	Tender Hearts, Inc.
<b>Licensee Address:</b>	2708 Oakman Court Detroit, MI 48238
<b>Licensee Telephone #:</b>	(248) 240-4413
<b>Administrator:</b>	Benneth Okonkwo
<b>Licensee Designee:</b>	Benneth Okonkwo
<b>Name of Facility:</b>	Warner Home
<b>Facility Address:</b>	27074 Warner Ave Warren, MI 48092
<b>Facility Telephone #:</b>	(313) 915-5719
<b>Original Issuance Date:</b>	06/23/2025
<b>License Status:</b>	TEMPORARY
<b>Effective Date:</b>	06/23/2025
<b>Expiration Date:</b>	12/22/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident A reported that he and other residents were without hot water for one week.	Yes
Additional Findings	Yes

**III. METHODOLOGY**

08/13/2025	Special Investigation Intake 2025A0990022
08/13/2025	APS Referral Adult Protective Serviced (APS) referral denied at intake.
08/19/2025	Special Investigation Initiated - Face to Face I conducted an unannounced onsite conducted. I interviewed Resident A, Resident B and Resident C.
08/21/2025	Contact - Document Sent I emailed Benneth Okonkwo licensee designee (LD) and administrator Appolonia Okonkwo. I requested the current staff schedule, resident Assessment Plans and Resident ID forms. I request the DTE utility bill for July and August 2025.
08/21/2025	Contact - Telephone call received I received a phone call from Appolonia Okonkwo.
09/02/2025	Contact - Document Received I received resident documents via email as requested.
09/24/2025	Contact - Document Received I reviewed documents requested on 08/21/2025.
09/24/2025	Contact - Document Sent I emailed the LD with follow-up questions. Ms. Okonkwo responded on 09/26/2025 via email.
09/24/2025	Contact – Telephone call made I conducted a phone interview with Relative C.

10/09/2025	Contact - Telephone call made I conducted a phone interview with Benneth Okonkwo.
10/14/2025	Contact - Telephone call made I conducted a phone interview with Lenny Harrell, direct care staff.
10/14/2025	Exit conference I conducted an exit conference with Appolonia Okonkwo.

**ALLEGATION:**

**Resident A reported that he and other residents were without hot water for one week.**

**INVESTIGATION:**

On 08/18/2025, I was assigned the intake via email. In addition, it was alleged that the owner of the home, named “Ms. Apple,” was notified one week ago that the hot water was off. She had not taken action to resolve the issue.

On 08/19/2025, I conducted an unannounced onsite inspection. I interviewed Resident A. Resident A answered the door and said that he was there along with two other residents. Resident A said that there were no staff present. Resident A said that the home was not an adult foster care home but an independent living home. I explained to Resident A that the house is currently licensed as an adult foster care facility. Resident A said that the hot water was turned off for two days. Resident A said that it was turned off because there was an issue with the utility bill. Resident A noted that the hot water was back working. Resident A said that he felt safe at home with no concerns.

During the onsite, I tested the temperature of the hot water, which was 116 degrees Fahrenheit, at the kitchen faucet. I observed the home to be clean and with adequate food supply. I observed a note on the wall that read “Put DTE and Water Bill on the table, Notify Cheri or Appolonia”.

On 08/19/2025, I interviewed Resident B. Resident B has lived in the home since July 2024. Resident B said that the home was an independent living home. Resident B said that the hot water was off for two days. Resident B said the owner of the house said that the gas was shut off because they had not received the bill. They were told not to touch the utility bills except to place them on the dining room table. Resident B said that he felt safe at home.

On 08/19/2025, I interviewed Resident C. Resident C has lived in the home for one year. Resident C said that the house is a licensed adult foster care home. Resident C noted that the hot water was off for one week. Resident C does not have a legal guardian and said that he feels safe at home.

On 08/21/2025, I received a phone call from Appolonia Okonkwo. Ms. Okonkwo said that the hot water was off due to an issue with the valve on the hot water tank. The hot water was out for 2-3 days. The valve has now been repaired, and she agreed to send the invoice for the repair.

On 09/24/2025, I reviewed documents requested on 08/21/2025. I reviewed the current staff schedule, resident *Assessment Plans*, Resident ID forms, and DTE utility bills for July and August 2025. Resident A does not have a legal guardian or next of kin. Resident A moves independently through the community. Resident B does not have a legal guardian or next of kin. Resident B moves independently through the community. Resident A had a next of kin listed. Resident C moves independently through the community.

I observed the DTE bill dated 07/14/2025, which had a balance of \$858.08, and there was a shut-off notice. I observed an invoice from One Man Two Hands for hot water tank service on 08/12/2025.

On 09/24/2025, Ms. Okonkwo replied to my email. Ms. Okonkwo provided the phone numbers for the staff on schedule, which were the LD and Lenny Harrell. Ms. Okonkwo said that Resident A and Resident B are both diagnosed with schizoaffective disorder, and Resident C is diagnosed with bipolar disorder. Ms. Okonkwo said that Resident A, Resident B, or Resident C does not have a legal guardian or a Power of Attorney.

On 09/24/2025, I conducted a brief phone call with Relative C. Relative C was extremely apprehensive about answering questions regarding the care of Resident C. Relative C said that she had no concerns and ended the phone call abruptly.

On 10/09/2025, I conducted a phone interview with Benneth Okonkwo, LD. Mr. Okonkwo works as an employee in the home. Mr. Okonkwo said that the hot water was off for one day. Mr. Okonkwo did not say what day the hot water did not work; however, he said that it was due to a problem with the water heater.

On 10/14/2025, I conducted a phone interview with Lenny Harrell, direct care staff. Mr. Harrell said that he is no longer working in the home because he was told that it was closed. Mr. Harrell said that he was made aware by one of the residents that the hot water was not working. He tested the water himself and reported it but did not say to whom he reported it. Mr. Harrell said that the following day, the hot water was back working. Mr. Harrell did not know why the hot water was not working.

<b>APPLICABLE RULE</b>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	(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.
<b>ANALYSIS:</b>	<p>Based on the investigation, there is sufficient evidence to support that the hot water did not work for at least two days in mid-August. According to Ms. Okonkwo, the hot water was not working due to a broken valve in the water heater. I observed an invoice dated 08/12/2025 showing that a repair was made by One Man Two Hands on the water heater in the home.</p> <p>Resident A and Resident B both said that the hot water was not working for two days. Resident C said that the hot water was off for one week. Direct care staff member Lenny Harrell reported that the hot water was off for at least one day. Mr. Ben Okonkwo also admitted that the hot water was off for at least one day. The hot water was back working during the onsite on 08/19/2025.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 08/19/2025, I conducted an unannounced onsite inspection. I interviewed Resident A. Resident A answered the door and said that he was there along with two other residents. Resident A said that there were no staff present. I did not observe any staff onsite.

On 08/21/2025, I received a phone call from Appolonia Okonkwo. Ms. Okonkwo said that there were no staff present because they had left to get food for the residents. Ms. Okonkwo was informed that there should be staff in the home when the residents are present.

On 09/24/2025, I reviewed the original licensing study report dated 06/23/2025. The Warner home will provide 24-hour care and supervision for up to six residents. The home will provide care to residents with developmental disabilities and/or mental illness. The licensee plans to contract with Macomb County Community Mental Health. Personal care services provided in the home will include assistance with bathing, grooming, dressing, toileting, feeding, and laundry.

I observed the staff schedule for August 2025. The staff shifts are 8 AM to 8 PM and 8 PM to 8 AM. On 08/19/2025, during the onsite visit, direct care staff Lenny Harrell was working 8 AM to 8 PM.

On 10/09/2025, I conducted a phone interview with Benneth Okonkwo. Mr. Okonkwo works as an employee in the home. Mr. Okonkwo said that on 08/19/2025, he believes

he was off that day but was informed that he was listed on the schedule. He does recall that on that day, he had a headache and could not find anyone to work his shift.

On 10/14/2025, I conducted a phone interview with Lenny Harrell. Mr. Harrell said that he did not recall if he worked on 08/19/2025. He said that he would never leave the residents unsupervised.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	Based on the investigation, there is sufficient evidence to support that on 08/19/2025, during an unannounced onsite investigation, I observed that there were no staff present in the home and there were three residents present. The home was licensed on 06/23/2025, and as stated in the original licensing study report, the house is to provide 24-hour supervision to residents who are diagnosed with developmental disabilities and/or mental illness. Resident A, Resident B, and Resident C are diagnosed with mental illnesses.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**INVESTIGATION:**

On 09/24/2025, I reviewed documents requested on 08/21/2025. I observed Resident A, Resident B and Resident C’s resident ID forms and the following information was incomplete: Name, address, and telephone number of the person and agency responsible for the resident’s placement in the home; Name, address, and telephone number of the preferred physician and hospital; Medical insurance (DHS) Funeral provisions and preferences (Burial). Resident A and B Resident ID forms did not have a name, address, telephone number of the next of kin, or the designated representative.

I observed that Resident A, Resident B and Resident C did not have on their *Assessment Plans* the following information: Direction and opportunity for the growth and development of a resident as achieved through activities that foster independent and age-appropriate functioning, such as dressing, grooming, manners, shopping, cooking, money management, and the use of public transportation; An opportunity for involvement in educational, employment, and day programs.

On 01/14/2025, I conducted an exit conference with Appolonia Okonkwo. I informed Ms. Okonkwo of the findings. Ms. Okonkwo was told that a corrective action plan is required. Ms. Okonkwo also said that the home was an independent living home. I informed her

that the house is licensed as an adult foster care home. I briefly read her original licensing study program statement.

<b>APPLICABLE RULE</b>	
<b>R 400.14316</b>	<b>Resident records.</b>
	<p><b>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</b></p> <ul style="list-style-type: none"> <li><b>(iv) Name, address, and telephone number of the next of kin or the designated representative.</b></li> <li><b>(v) Name, address, and telephone number of the person and agency responsible for the resident’s placement in the home.</b></li> <li><b>(vi) Name, address, and telephone number of the preferred physician and hospital.</b></li> <li><b>(vii) Medical insurance.</b></li> <li><b>(viii) Funeral provisions and preferences.</b></li> <li><b>(ix) Resident’s religious preference information</b></li> </ul>
<b>ANALYSIS:</b>	Based upon the investigation there is sufficient evidence to support that Resident A, Resident B and Resident C did not have name, address, and telephone number of the person and agency responsible for the resident’s placement in the home; name, address, and telephone number of the preferred physician and hospital; Medical insurance (DHS) Funeral provisions and preferences (Burial). Resident A and B Resident ID forms did not have a name, address, telephone number of the next of kin, or the designated representative.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<p><b>(5) A licensee shall provide both of the following when specified in the resident’s written assessment plan:</b></p> <ul style="list-style-type: none"> <li><b>(a) Direction and opportunity for the growth and development of a resident as achieved through activities that foster independent and age appropriate functioning, such as dressing, grooming, manners, shopping, cooking, money management, and the use of public transportation.</b></li> </ul>

	<b>(b) An opportunity for involvement in educational, employment, and day programs.</b>
<b>ANALYSIS:</b>	Based upon the investigation, there is sufficient evidence to support that Resident A, Resident B and Resident C did not have on their <i>Assessment Plans</i> the following information: Direction and opportunity for the growth and development of a resident as achieved through activities that foster independent and age-appropriate functioning, such as dressing, grooming, manners, shopping, cooking, money management, and the use of public transportation; An opportunity for involvement in educational, employment, and day programs.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.

*L. Reed*

10/14/2025

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LaShonda Reed  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

10/17/2025

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Denise Y. Nunn  
Area Manager

Date