



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 20, 2025

Rodercus Gaines  
Colling Homes Inc  
PO Box 21  
Hazel Park, MI 48030

RE: License #: AS820274810  
**Colling Homes Inc 2**  
**20214 Cardoni**  
**Detroit, MI 48203**

Dear Rodercus Gaines:

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**

**License #:** AS820274810

**Licensee Name:** Colling Homes Inc

**Licensee Address:** P. O. Box 21  
Hazel Park, MI 48030

**Licensee Telephone #:** (313) 898-4300

**Licensee/Licensee Designee:** Rodercus Gaines

**Administrator:** Colling Gore

**Name of Facility:** Colling Homes Inc 2

**Facility Address:** 20214 Cardoni  
Detroit, MI 48203

**Facility Telephone #:** (313) 475-3317

**Original Issuance Date:** 07/12/2005

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/19/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee Designee

- 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.
- 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? 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:

#### **Handling of resident funds and valuables.**

##### **R 400.637**

(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.

At the time of inspection, Resident A's record reviewed did not contain a signed Part I form, however the form was signed onsite by the licensee designee.

##### **R 400.685**

#### **Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:

- (a) A statement that the facility is licensed to provide foster care to adults.
- (b) The services to be provided and the fee for those services.
- (c) Any additional costs in addition to the basic fee that is charged.
- (d) A resident's rights policy.
- (e) A discharge policy.
- (f) Transportation services provided for a basic fee and services that are provided at an extra cost.
- (g) A refund policy.
- (h) A resident's funds and valuables policy.
- (i) An agreement by the licensee to provide care, supervision, and protection to the resident and to ensure transportation services as indicated in the resident's assessment plan and resident care agreement.
- (j) An agreement by the licensee to respect and safeguard the resident's rights.
- (k) An agreement by the licensee and resident or the resident's designated representative to follow the facility's discharge policy.
- (l) An agreement by the resident, resident's designated representative, or responsible agency to provide necessary

intake information, including health-related information, at the time of admission.

(m) An agreement by the resident or the resident's designated representative to provide a current health care appraisal.

(n) An agreement by the resident to follow written house rules if any.

At the time of inspection, Resident A's record reviewed did not contain the basic fee for services on the resident care agreement.

A corrective action plan was requested and approved on 11/19/2025. 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.



11/20/2025

---

Shatonla Daniel  
Licensing Consultant

Date