



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 9, 2025

Andrew Akunne
Homestead Residences, Inc.
Suite A
3879 Packard
Ann Arbor, MI 48108

RE: License #: AM820010073
Investigation #: 2026A0778002
Beechwood Living Center

Dear Mr. Akunne:

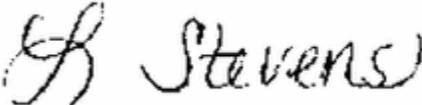
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

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. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 (313) 456-0439.

Sincerely,

A handwritten signature in black ink that reads "LaKeitha Stevens". The first letter "L" is large and stylized, and the name "Stevens" is written in a cursive script.

LaKeitha Stevens, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3055

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM820010073
Investigation #:	2026A0778002
Complaint Receipt Date:	10/24/2025
Investigation Initiation Date:	10/24/2025
Report Due Date:	12/23/2025
LicenseeName:	Homestead Residences, Inc.
Licensee Address:	Suite A 3879 Packard Ann Arbor, MI 48108
Licensee Telephone #:	(734) 973-7764
Administrator:	Andrew Akunne, Designee
Licensee Designee:	Andrew Akunne, Designee
Name of Facility:	Beechwood Living Center
Facility Address:	10470 Beech Daly Road Taylor, MI 48180
Facility Telephone #:	(313) 292-6690
Original Issuance Date:	N/A
License Status:	REGULAR
Effective Date:	03/07/2025
Expiration Date:	03/06/2027
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Mold covers both the humidifier and the vent. This to a health hazard to the residents. This was brought to the attention of the maintenance person and incorporation, and nothing has been done.	Yes

III. METHODOLOGY

10/24/2025	Special Investigation Intake 2026A0778002
10/24/2025	Special Investigation Initiated - Telephone Telephone interview with Fire Marshal, Steve Martin
10/24/2025	Contact - Telephone call made Telephone call made to licensee designee
12/05/2025	Inspection Completed On-site
12/05/2025	Exit Conference Telephone exit conference with licensee designee, Andrew Akunne
12/05/2025	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: Mold covers both the humidifier and the vent. This to a health hazard to the residents. This was brought to the attention of the maintenance person and incorporation, and nothing has been done.

INVESTIGATION: On 10/24/2025, I received a telephone call from the Fire Marshal, Steve Martin. He stated the facility has been non-complaint with a repair. He indicated the humidifier and the vent above the humidifier are both covered with mold. He stated this is a potential breathing hazard for the residents. Mr. Martin stated he spoke with the maintenance person about the facility and the incorporation, yet nothing has changed.

On 10/24/2025, I completed a telephone interview with licensee designee, Andrew Akunne. I informed him of Mr. Martin's findings and concerns. I informed him a special investigation will be conducted to address this matter. Mr. Akunne stated he will contact maintenance and have the situation rectified.

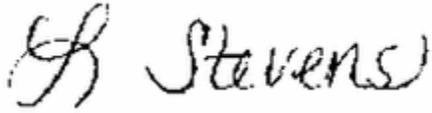
On 12/05/2025, I completed an unannounced onsite inspection. I observed the humidifier and the vent above the humidifier to be grossly covered with mold and dirt. In addition, I observed exposed wires on the bottom of the dishwasher and exposed wires on the kitchen wall near the sink outlet.

While onsite I completed a telephone exit conference with licensee designee, Andrew Akunne. I informed him this complaint will be substantiated because he has failed to complete and/or address the mold and dirty that are covering both the humidifier and the vent. Furthermore, I informed Mr. Akunne of the additional violations observed. He had no questions or concerns.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	The facility is not being maintained for the health and safety of the residents. Despite request from Steve Martin and myself the licensee designee has failed to address the mold that is covering the humidifier and vent.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.



12/5/2025

LaKeitha Stevens
Licensing Consultant

Date

Approved By:



12/9/2025

Ardra Hunter
Area Manager

Date