



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 17, 2025

Appolonia Okonkwo  
Tender Heart Staffing Inc  
828 Cherry Avenue  
Royal Oak, MI 48073

RE: License #: **AS630408454**  
**Cherry Oak Inn**  
**828 Cherry Avenue**  
**Royal Oak, MI 48073**

Dear Appolonia Okonkwo:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630408454
<b>Licensee Name:</b>	Tender Heart Staffing Inc
<b>Licensee Address:</b>	828 Cherry Avenue Royal Oak, MI 48073
<b>Licensee Telephone #:</b>	(313) 790-6835
<b>Licensee Designee:</b>	Appolonia Okonkwo
<b>Administrator:</b>	Appolonia Okonkwo
<b>Name of Facility:</b>	Cherry Oak Inn
<b>Facility Address:</b>	828 Cherry Avenue Royal Oak, MI 48073
<b>Facility Telephone #:</b>	(313) 790-6835
<b>Original Issuance Date:</b>	03/25/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/10/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 2  
No. of others interviewed 2 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Medications and medication logs reviewed
- 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:

<b>MCL 400.734b</b>	<b>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.</b>
	<p>(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.</p>

During the onsite inspection, staff Anthonia Nwachukwu and Ophelia Sumo did not have verification of fingerprinting through the Workforce Background Check System that was attached to the facility, Cherry Oak Inn (AS630408454).

**REPEAT VIOLATION ESTABLISHED**

**Reference Interim Inspection Report Dated: 11/19/25; CAP Dated: 12/03/25**

<b>R 400.645</b>	<b>Environmental health.</b>
	(3) A licensee shall provide hot and cold running water under pressure. 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 fixture.

During the onsite inspection, the water temperature was measured at 86°F in the bathrooms.

**REPEAT VIOLATION ESTABLISHED**

**Reference Interim Inspection Report Dated: 11/19/25; CAP Dated: 12/03/25**

<b>R 400.665</b>	<b>Food service.</b>
	(4) Food must be stored at temperatures that will protect against spoilage. Cold foods must be stored at 40 degrees Fahrenheit or below and hot foods stored at 140 degrees Fahrenheit or above until served to residents, except during periods that are necessary for preparation.

During the onsite inspection, the thermometer in the refrigerator was showing a temperature over 55°F.

**REPEAT VIOLATION ESTABLISHED**

**Reference Interim Inspection Report Dated: 11/19/25; CAP Dated: 12/03/25**

<b>R 400.675</b>	<b>Resident medications.</b>
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

During the onsite inspection, it could not be determined that medication was being given as prescribed.

Resident B's medication bubble packs indicated that they were filled on 11/20/25 and should start on 12/01/25. At the time of the onsite inspection at 10:00am on 12/10/25, there should have been 10 pills used from each of the morning bubble packs. Resident B's morning bubble packs had 9 pills used. There was a pill remaining in the bubble labeled "1" on all of the morning medication bubble packs, except for Resident B's Magnesium Oxide, which had a pill remaining in the bubble labeled "9." Staff could not provide an explanation as to why there was a pill remaining in the bubble packs. They initially stated that the medications were not delivered on time from the pharmacy and then later stated that a pill had been used from the November bubble packs on 12/01/25. I could not verify this information.

Resident S was prescribed Novolog Flexpen 10unit/ml - inject per sliding scale three times daily with food. The sliding scale is as follows:

- 0-150= 4 units
- 151-200= 6 units
- 201-250= 8 units
- 251-300= 12 units
- 301-350= 16 units
- 351-400= 18 units
- 401 or more= 20 units and call PCP (primary care physician)

Staff were not administering the Novolog injections according to the sliding scale. Out of 36 administrations from 11/19/25-11/30/25, the correct dose was given one time. The following blood sugar levels and units given were noted:

Morning:

Date	Sugar Level	Units Given	Units Prescribed
11/19/25	251	8	12
11/20/25	Refused		
11/21/25	Refused		
11/22/25	282	8	12
11/23/25	159	4	6
11/24/25	322	10	16
11/25/25	223	6	8
11/26/25	200	4	6
11/27/25	189	4	6
11/28/25	281	8	12
11/29/25	250	6	8
11/30/25	248	6	8

Afternoon:

Date	Sugar Level	Units Given	Units Prescribed
11/19/25	400	18	18
11/20/25	426	18	20
11/21/25	419	18	20
11/22/25	255	8	12
11/23/25	260	8	12
11/24/25	240	6	8
11/25/25	278	8	12
11/26/25	264	8	12
11/27/25	378	12	18
11/28/25	255	6	12
11/29/25	260	8	12
11/30/25	297	8	12

Evening:

Date	Sugar Level	Units Given	Units Prescribed
11/19/25	281	8	12
11/20/25	235	6	8
11/21/25	304	10	16
11/22/25	151	4	6
11/23/25	240	6	8
11/24/25	116	2	4
11/25/25	157	4	6
11/26/25	245	6	8
11/27/25	240	6	8
11/28/25	355	12	18
11/29/25	181	4	6
11/30/25	257	8	12

<b>R 400.675</b>	<b>Resident medications.</b>
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(b) Complete an individual medication log that contains all of the following:</p> <ul style="list-style-type: none"> <li>(i) Medication name.</li> <li>(ii) Dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> </ul>

	<p>(v) Initials of the individual who administered the medication at the time given.</p> <p>(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.</p>
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The label instructions for Resident B's Atorvastatin Calcium 40mg state to take one tablet by mouth every day. Resident B's December 2025 Medication Administration Record (MAR) was initialed indicating that the medication was given twice a day at 8:00am and 8:00pm from 12/01/25-12/09/25.

The label instructions on the bubble pack for Resident B's Hydralazine Hydrochloride 50mg PO tablet state to take one tablet by mouth three times daily with food. The label instructions do not match Resident B's December MAR, which indicates take one tablet by mouth twice daily at 8:00am and 8:00pm. The MAR was initialed for the 8:00am dose from 12/01/25-12/10/25 and appears to be initialed for the 8:00pm dose from 12/01/25-12/07/25. Someone hand wrote "DC" (discontinue) and crossed out the medication and some of the 8:00pm initials. There was no order on file showing the medication was discontinued. There were bubble packs for an evening and bedtime dose in the home, which were administered through 12/09/25. There was no documentation on file to show that the medication was discontinued by a health care professional.

Resident B's November 2025 MAR listed Hydralazine Hydrochloride 50mg PO tablet twice. One of the entries indicated take one tablet by mouth twice daily at 8:00am and 8:00pm. The other entry indicated take one tablet by mouth three times daily with food at 8:00am, 2:00pm, and 8:00pm. Both entries were initialed by staff from 11/01/25-11/30/25, indicating that the medication was administered five times.

The November 2025 MARs for Resident B and Resident S indicate that they were printed by the pharmacy on 12/02/25; however, they are initialed for the entire month of November indicating that staff did not initial the MAR at the time medication was passed. Resident S's November 2025 MAR that was onsite during the inspection on 12/10/25 did not match the November 2025 MAR that was reviewed on 11/19/25, indicating that staff rewrote their initials on the MAR.

Resident S was prescribed Glucagon 1mg Emergency Kit- inject 1 mg intramuscularly as needed for blood sugar < 60 or if patient has no response. Staff initialed and then crossed out their initials on 11/23/25, 11/24/25, 11/27/25, 11/28/25, 11/29/25, and 11/30/25.

**REPEAT VIOLATION ESTABLISHED**

**Reference Interim Inspection Report Dated: 11/19/25; CAP Dated: 12/03/25**

<b>R 400.675</b>	<b>Resident medications.</b>
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as-needed basis. The review process must include the resident's prescribing licensed health care professional and resident, resident's designated representative, and responsible agency if applicable.</p>

Resident S was receiving her PRN medication, Melatonin, on a daily basis in November. There was an incident report dated 11/25/25 noting that the doctor was contacted; however, there was no documentation showing a review process was initiated regarding the prolonged use of the medication or the outcome of the review.

**REPEAT VIOLATION ESTABLISHED**

**Reference Interim Inspection Report Dated: 11/19/25; CAP Dated: 12/03/25**

<b>R 400.675</b>	<b>Resident medications.</b>
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(g) Contact the appropriately licensed health care professional when a resident refuses a prescribed medication or procedure. A licensee, administrator, or staff shall document and follow the instructions given by the licensed health professional. Documented instructions may include procedures to follow when a resident refuses medication or procedures in the future.</p>

Resident S refused to have her blood sugar tested on 11/20/25 and 11/21/25. There was no documentation to show that a licensed health professional was contacted or what instructions were given.

**REPEAT VIOLATION ESTABLISHED**

**Reference Interim Inspection Report Dated: 11/19/25; CAP Dated: 12/03/25**

<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following: (b) The services to be provided and the fee for those services.

During the onsite inspection, Resident B's resident care agreement did not note the fee for cost of care payments.

**REPEAT VIOLATION ESTABLISHED**

**Reference Interim Inspection Report Dated: 11/19/25; CAP Dated: 12/03/25**

<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.

Resident T's resident care agreement was updated to reflect the current cost of care amount. However, it was not re-signed by all applicable parties after the changes were made.

<b>R 400.689</b>	<b>Resident health care.</b>
	(1) A license, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other designated health care professional.

Resident S was prescribed Novolog Flexpen 10unit/ml- inject per sliding scale three times daily with food. The instructions on the sliding scale note that if her blood sugar is 401 or more, staff are to give 20 units and contact the primary care physician. Resident S's blood sugar was 400 or above at noon on 11/19/25, 11/20/25, and 11/21/25. The log notes that the doctor was called; however, there is no documentation to show what instructions were given. Staff also administered 18 units of Novolog and not the 20 units as prescribed.

**IV. RECOMMENDATION**

Refusal to renew the license is recommended.



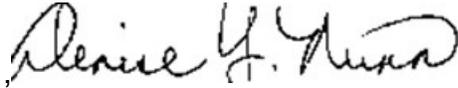
12/16/2025

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Kristen Donnay  
Licensing Consultant

Date

Approved By:



12/17/2025

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Denise Y. Nunn  
Area Manager

Date