



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 20, 2026

Shaniya Cason
A Second Home AFC, LLC
18501 Empire Ave
Eastpointe, MI 48021

RE: License #: AS500418767
A Second Home AFC
18501 Empire Ave
Eastpointe, MI 48021

Dear Ms. Cason:

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 plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

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| License #: | AS500418767 |
| Licensee Name: | A Second Home AFC, LLC |
| Licensee Address: | 18501 Empire Ave Eastpointe, MI 48021 |
| Licensee Telephone #: | (586) 441-5717 |
| Licensee/Licensee Designee: | Shaniya Cason |
| Administrator: | Shaniya Cason |
| Name of Facility: | A Second Home AFC |
| Facility Address: | 18501 Empire Ave Eastpointe, MI 48021 |
| Facility Telephone #: | (313) 681-0776 |
| Original Issuance Date: | 01/27/2025 |
| Capacity: | 5 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/15/2026

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 3

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medications with licensee.
- 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.
Inspection did not occur during a meal preparation.
- 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:
CAP date 08/04/2025-Asec713(3)(b), AS401(2), AS407(3), AS408(4) 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:

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| <p>R 400.675</p> | <p>Resident medications.</p> |
| | <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"> (i) Medication name. (ii) Dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) Initials of the individual who administered the medication at the time given. (vi) Resident's refusal to accept prescribed medication or procedures at time of refusal. (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 A's Mirtazapine 30 mg, Simvastatin 20 mg and GNP Melatonin 5 mg were not listed on his January 2026 medication log at time of inspection. On 01/16/2026, Licensee emailed third page of completed medication log which listed medications.</p> <p>On 01/15/2026, I completed renewal inspection at 1:00 pm. Resident B's 8:00 am medications were not initialed as administered. Licensee stated that Resident B refused their morning medications. Refusal was not documented on record.</p> |
| <p>R 400.685</p> | <p>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</p> |
| | <p>(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health</p> |

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| | care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission. |
| Resident A was admitted to the home on 12/13/2025. Resident A did not have a written health care appraisal completed. Resident B was admitted to the home on 01/04/2026. Resident B's written health care appraisal was completed after admission on 01/13/2026. | |
| R 400.691 | Resident records. |
| | <p>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:</p> <p>(a) Personal information including all of the following:</p> <ul style="list-style-type: none"> (i) Resident's full name. (ii) Social Security number. (iii) Date of birth. (iv) Marital status. (v) Veteran's status. (vi) Gender identity. (vii) Former address. (viii) Name, address, and contact information of identified contact or designated representative. (ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility. (x) Funeral provisions, preferences, and contact information. (xi) Resident's religious preference. |
| Resident A did not have a completed resident information record in file. Resident B's resident information record did not contain information for placement agency or funeral provisions. | |

IV. RECOMMENDATION

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

Kristine Cilluffo

01/20/2026

Kristine Cilluffo
Licensing Consultant

Date