



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 22, 2026

Krystal Magee  
Halo Home Care Services, LLC  
12 Alexander St  
River Rouge, MI 48218

RE: License #: AS820338030  
**Halo Home Care Services**  
**12 Alexander St**  
**River Rouge, MI 48218**

Dear Krystal Magee:

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 (313) 456-0439.

Sincerely,

A handwritten signature in black ink that reads "Regina Buchanan". The signature is written in a cursive, flowing style.

Regina Buchanan, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3029

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820338030

**Licensee Name:** Halo Home Care Services, LLC

**Licensee Address:** 12 Alexander St  
River Rouge, MI 48218

**Licensee Telephone #:** (248) 390-0388

**Licensee/Licensee Designee:** Krystal Magee

**Administrator:** Krystal Magee

**Name of Facility:** Halo Home Care Services

**Facility Address:** 12 Alexander St  
River Rouge, MI 48218

**Facility Telephone #:** (248) 390-0388

**Original Issuance Date:** 06/21/2013

**Capacity:** 5

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/15/2025

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 2

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: N/A

- 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.  
Residents were not home.
- 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.  
None
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
12/11/2023/Rules: 803(6), 301(4) N/A
- Number of excluded employees followed-up? 2 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:

**R 400.631                    Health screenings.**

**(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.**

Staff, Russha Grace, did not have verification of a physical health statement completed within 30 days of employment.

**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.**

There was a lock on the front screen door.  
The duct was detached from the dryer.

**R 400.675                    Resident medications.**

**(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:**

**(a) Be trained in the proper handling and administration of medication.**

**(b) Complete an individual medication log that contains all of the following:**

**(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.**

**(c) Record the reason for each administration of medication that is prescribed on an as needed basis.**

**(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.**

**(e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any instructions regarding a resident's prescription medication.**

Resident A's Depakote was prescribed to be administered once daily but according to the medication log, it was being administered twice daily. Her medication was not initialed as administered on 12/13/2025 and 12/14/2025 in the a.m. and her p.m. dose on 2/13/2025.

**R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

**(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 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 facility on 03/02/2025 and did not have on file a health care appraisal completed within 90 days before admission. Her health care appraisal was completed 04/14/2025.

**R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

**(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the**

**licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.**

Resident A assessment plan was not completed and signed at the time of admission. It was dated 04/10/2025.

**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.**

Resident A's resident care agreement was not completed and signed at the time of admission. It was dated 04/10/2025.

**R 400.675**

**Resident medications.**

**(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.**

Resident A had medication that was pre-sorted and not kept in the original pharmacy container.

**IV. RECOMMENDATION**

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



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Regina Buchanan  
Licensing Consultant

01/22/2026  
Date