



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 27, 2026

Glenda Jackson
Warwick Services LLC
35474 Mound Rd
Sterling Heights, MI 48310

RE: License #:	AM250418534
Investigation #:	2026A0123010
	Warwick Home

Dear Glenda Jackson:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM250418534
Investigation #:	2026A0123010
Complaint Receipt Date:	12/12/2025
Investigation Initiation Date:	12/16/2025
Report Due Date:	02/10/2026
Licensee Name:	Warwick Services, LLC
Licensee Address:	35474 Mound Rd Sterling Heights, MI 48310
Licensee Telephone #:	(586) 709-9517
Administrator:	Glenda Jackson
Licensee Designee:	Glenda Jackson
Name of Facility:	Warwick Home
Facility Address:	5296 Warwick Trail Grand Blanc, MI 48439
Facility Telephone #:	(810) 584-7560
Original Issuance Date:	12/04/2024
License Status:	REGULAR
Effective Date:	06/04/2025
Expiration Date:	06/03/2027
Capacity:	11
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
On 12/01/2025, Bureau of Fire Services conducted an on-site inspection. The facility's fire safety inspection resulted in a disapproval rating.	Yes

III. METHODOLOGY

12/12/2025	Special Investigation Intake 2026A0123010
12/16/2025	Special Investigation Initiated - On Site I conducted an unannounced on-site at the facility.
12/19/2025	Contact - Telephone call made I spoke with licensee designee Glenda Jackson.
01/26/2026	Contact- Telephone call made I spoke with BFS inspecting official Brandon Breneman.
01/27/2026	Exit Conference I spoke with licensee designee Glenda Jackson.
01/27/2026	APS Referral APS referral completed.

ALLEGATION: On 12/01/2025, Bureau of Fire Services conducted an on-site inspection. The facility's fire safety inspection resulted in a disapproval rating.

INVESTIGATION: On 12/01/2025, a Bureau of Fire Services (BFS) inspection was conducted by inspecting official Brandon Breneman. The facility was cited for the following issues:

- *Laundry room exit is blocked by several items.*
- *Several large items/combustibles are being stored within the egress path of the North hallway. Repeat violation 12/4/24.*
- *Fire alarm panel is in trouble mode*
- *Combustibles being kept around furnace*
- *Combustibles being kept within working space of electrical panel in office.*

- *No documentation of smoke detector sensitivity testing. Repeat violation 12/13/23.*
- *No documentation of annual sprinkler service test. Repeat violation 12/4/24*
- *No documentation of bi-monthly staff review.*
- *Only 2 fire evacuation drills have been documented for the year 2025. Jan 12, 2025 & May 1, 2025. Repeat Violation: 12/13/23*
- *The following exit signs have inoperable backup batteries:*
 - A.) *Exit sign by room 1*
 - B.) *Exit sign by room 4*
 - C.) *Exit sign by main entrance*
- *No emergency light testing has been documented since May of 2025. Repeat violation 12/13/23.*
- *No monthly fire extinguisher checks have been completed since May 2025. Repeat violation 12/13/23.*

On 12/16/2025, I conducted an unannounced on-site at the facility. I interviewed staff Lacie Martin and did a walkthrough of the facility with Staff Martin. Staff Martin stated that in regard to the laundry room exit being blocked, they moved a clothing rack. Staff Martin stated that the hallway was cleared. I did not observe any large items/combustibles stored within the egress path of the north hallway. In the laundry room, I did observe that there was a yellow trouble light illuminated on the fire alarm panel, indicating it was in “trouble mode.” Staff Martin stated that the combustible by the furnace was an old doll house that they had tossed out. Staff Martin stated that the combustible that was stored in the working space of the electrical panel was an old dryer I observed sitting in front of the fire panel. Staff Martin stated that the smoke detector sensitivity training and annual documentation of the automatic sprinkler test did get done. Staff Martin stated that the fire drills did get completed but weren’t signed, and she showed that the exit signs were illuminated. I reviewed the fire drill book during this on-site and did not see any up to date fire drills.

On 12/19/2025, I interviewed licensee designee (LD) Glenda Jackson via phone. LD Jackson stated that last year, where the Hoyer lift was stored in the hallway, was okay then. LD Jackson stated that the clothes rack was moved out of the home the day of the Bureau of Fire Services inspection. They got rid of the extra Hoyer lift and a wheelchair and put it in the storage shed. LD Jackson stated that the inspector said that combustibles were in front of the breaker box, and it was pop and candy bars. LD Jackson stated that combustibles (cleaning products) are locked up, so she does not understand what was meant by combustibles. LD Jackson stated that an old doll house was next to the hot water tank. LD Jackson stated that the inspection of the fire panel, sprinkler system, and smoke detectors was done. LD Jackson stated that the box is in trouble mode because there is no one available to monitor it, and they have to call 911 directly. LD Jackson stated that fire drills were completed, and the bi-monthly review sheet was in the locker room. LD Jackson stated that she physically moved the sheet so BFS could see it visibly posted. LD Jackson stated that she pushed a button on the bottom of the exit signs, and they are all illuminated now. LD

Jackson stated that she didn't know she needed to document the emergency light testing/exit signs.

On 12/30/2025, a follow-up Bureau of Fire Services inspection was conducted by inspecting official Brandon Breneman. The *Re-Check Annual* report notes the facility was cited for the following issues:

- *Submit POC (plan of correction) for fire evacuation drills.*
- *Fire alarm panel is in trouble mode*
- *No documentation of smoke detector sensitivity testing. Repeat violation 12/13/23.*
- *No documentation of annual sprinkler service test. Repeat violation 12/4/24*
- *Only 4 fire evacuation drills have been documented for the year 2025. Repeat violation 12/13/23.*
- *The following exit signs have inoperable backup batteries.*
 - *Exit sign by room 1*
 - *Exit sign by room 4*
 - *Exit sign by main entrance*
- *No emergency light testing has been completed since May of 2025. Repeat violation 12/13/23.*

On 01/26/2026, I spoke with BFS inspecting official Brandon Breneman via phone. He stated that the facility has corrected some things. They still need to submit a plan of correction for fire drills. The fire panel is in trouble mode until they have a fire alarm company in place to monitor it. He stated that it is an older panel that cannot fully function until it is properly monitored. He stated that because it is installed, it has to be monitored. He stated that some hardwired smoke detectors had been replaced with battery operated ones and there was no up-to-date report for the sprinkler system. The exit signs do not have back up batteries. He stated that he plans to do a follow-up in February 2026.

On 01/27/2026, I conducted an exit conference with licensee designee Glenda Jackson. I informed LD Jackson of the findings and conclusion. LD Jackson stated that she has receipts for the smoke detector and annual sprinkler service test. LD Jackson stated that there are documented fire drills. LD Jackson stated that she will speak with the BFS inspecting official, to get clarification on what is needed.

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:	On 12/01/2025 and 12/30/2205, a Bureau of Fire Services inspection was conducted by inspecting official Brandon Breneman. The facility received a disapproval rating on both inspections.

	<p>On 12/16/2025, I conducted an unannounced on-site at the facility. I interviewed staff Lacie Martin and did a walkthrough of the facility with Staff Martin.</p> <p>On 01/26/2026, I spoke with BFS inspecting official Brandon Breneman via phone. He stated that some violations have been corrected, and he will do a follow-up on-site in February 2026.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC medium group home license (capacity 3-11).

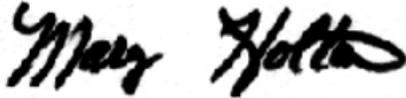


01/27/2026

Shamidah Wyden
Licensing Consultant

Date

Approved By:



01/27/2026

Mary E. Holton
Area Manager

Date