



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 6, 2026

Myraflor Sanchez  
AMSanchez LLC  
43619 Via Antonio Drive  
Sterling Heights, MI 48314

RE: License #: AS500394490  
**Ohana Group Living**  
**39849 Crystal Drive**  
**Sterling Heights, MI 48310**

Dear Ms. Sanchez:

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**

<b>License #:</b>	AS500394490
<b>Licensee Name:</b>	AMSanchez LLC
<b>Licensee Address:</b>	43619 Via Antonio Drive Sterling Heights, MI 48314
<b>Licensee Telephone #:</b>	(586) 354-4102
<b>Licensee/Licensee Designee:</b>	Myraflor Sanchez
<b>Administrator:</b>	Myraflor Sanchez
<b>Name of Facility:</b>	Ohana Group Living
<b>Facility Address:</b>	39849 Crystal Drive Sterling Heights, MI 48310
<b>Facility Telephone #:</b>	(586) 354-4102
<b>Original Issuance Date:</b>	01/28/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/05/2026

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 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medications with licensee designee.
- 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 02/16/2024- AS204(3), AS205(3)(5), AS208(1)(f), AS403(1),  
AS403(12) 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>R 400.639</b>	<b>Staff records.</b>
	<p><b>(3) A licensee shall maintain for 90 days a daily work schedule and assignments that includes all of the following:</b></p> <ul style="list-style-type: none"> <li><b>(a) Names of staff on duty.</b></li> <li><b>(b) Job titles.</b></li> <li><b>(c) Hours or shifts worked.</b></li> <li><b>(d) Date of schedule.</b></li> <li><b>(e) Scheduling changes when made.</b></li> </ul>
<p>Licensee did not have 90 days of daily work schedules.</p>	
<b>R 400.645</b>	<b>Environmental health.</b>
	<p><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.</b></p>
<p>During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be as high as 129.6 degrees Fahrenheit.</p>	
<b>R 400.663</b>	<b>Nutrition; adoption by reference.</b>
	<p><b>(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.</b></p>
<p>During the onsite inspection, I observed that substitutions were not documented on menus.</p>	
<b>R 400.665</b>	<b>Food service.</b>
	<p><b>(5) Refrigerators and freezers must be equipped with thermometers.</b></p>

During the onsite inspection, I observed that the freezer did not have a thermometer.	
<b>R 400.665</b>	<b>Food service.</b>
	<b>(9) Kitchen hoods or canopies must be equipped with filters. Filters must be maintained in an efficient condition and always clean.</b>
During the onsite inspection, I observed that the kitchen hood and filters needed cleaning.	
<b>R 400.673</b>	<b>Use of assistive devices, therapeutic support.</b>
	<b>(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.</b>
Resident A had use of commode chair listed in assessment plan, however, there was not authorization from health care professional in resident file.	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(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.</b>
Resident B's Bisacodyl PRN did not have pharmacy label on package.	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</b> <b>(b) Complete an individual medication log that contains all of the following:</b> <b>(ii) Dosage.</b> <b>(iii) Label instructions for use.</b> <b>(iv) Time to be administered.</b> <b>(v) Initials of the individual who administered the medication at the time given.</b>

Resident A's medication log had incorrect administration times listed for Guaifenesin Liquid. The pharmacy label indicated to take every eight hours. The times listed on medication log were 800, 1400 and 2000.

Resident A's medication log had incorrect dosage listed for Acetaminophen PRN. Resident A had 500 mg pills, however, medication log listed dosage as 325 mg.

Resident A's February 2026 medication log was missing staff initials for Levalbuterol 1.25 mg (2400) on 02/02, 02/03 and 02/04.

#### IV. RECOMMENDATION

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



02/06/2026

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Kristine Cilluffo  
Licensing Consultant

Date