



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 19, 2026

Holly Heath
Community Opportunity Center NPHC
14147 Farmington Road
Livonia, MI 48154

RE: License #: AL820007566
Garden City Opportunity Manor
6337 Central
Garden City, MI 48135

Dear Holly Heath:

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) 456-0380.

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 #: AL820007566

Licensee Name: Community Opportunity Center NPHC

Licensee Address: 14147 Farmington Road
Livonia, MI 48154

Licensee Telephone #: (734) 838-0536

Licensee/Licensee Designee: Holly Heath

Administrator:

Name of Facility: Garden City Opportunity Manor

Facility Address: 6337 Central
Garden City, MI 48135

Facility Telephone #: (734) 425-0203

Original Issuance Date: 04/19/1985

Capacity: 15

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/17/2026

Date of Bureau of Fire Services Inspection if applicable: 08/04/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

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. No available
- Meal preparation / service observed? Yes No If no, explain.
The residents had eaten
- 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:
03/25/2024 Rules: 301 (10), 301 (9) N/A
- Number of excluded employees followed-up? 1 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 400.615 Resident register.

A licensee shall maintain a chronological register of all residents admitted that includes the following information for each resident:

- (a) Resident full name.**
- (b) Resident date of birth.**
- (c) Date of admission.**
- (d) Date of discharge and location, if known, where the resident moved.**

The resident register was not maintained. Residents A and B were admitted 10/01/2024 and were not added to the register.

R 400.637 Handling of resident funds and valuables.

(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.

Resident A did not have a Funds Part I or Funds Part II form on file.

Resident B did not have a Funds Part II form on file.

R 400.675 Resident medications.

(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

Resident A's Adderall was only administered during the beginning of December 2025 for four days. The medication log sheet was not initialed for the rest of the month. The medication was supposedly on back order at the pharmacy but there was no verification of this or of staff attempting to get it filled elsewhere.

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:

- (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.**

Resident A's morning dose of Adderall was not initialed as administered on 01/30/2026 and 01/31/2026 and the Robinul Forte was not initialed as administered on 01/30/2026 in the morning.

Resident B's morning medications were not initialed as administered on 02/26/2026.

R 400.691

Resident records.

- (1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:**
 - (a) Personal information including all of the following:**
 - (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.**

Residents A and B did not have an identification record on file that included their personal information.

R 400.691

Resident records.

- (1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:**
 - (g) Admission and monthly weight record.**

Resident A and B's weight records for the years 2024 until present were not available for review and could not be located by staff.

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 was admitted on 10/1/2024 and did not have a resident care agreement on file that was completed at the time of admission. There was none on file for the year 2024.

IV. RECOMMENDATION

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



Regina Buchanan
Licensing Consultant

03/19/2026
Date