



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 10, 2026

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

RE: License #: AS820386539  
**Halo Home Care Services I**  
**34 Myrtle Street**  
**River Rouge, MI 48218**

Dear Ms. 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) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820386539

**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 I

**Facility Address:** 34 Myrtle Street  
River Rouge, MI 48218

**Facility Telephone #:** (248) 702-7026

**Original Issuance Date:** 09/06/2017

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/06/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee Designee

- 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.
- 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: 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:

**R 400.619                      Emergency preparedness plan.**

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

At the time of inspection, licensee had not maintained a record of fire drills for 11 p.m. to 7 a.m. shift for first quarter in 2025.

**R 400.629                      Direct care staff; qualifications and training.**

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases including recognizing signs of illness.
- (h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
- (i) Nutrition and special diets.

At the time of inspection, Staff Hykyra Caldwell's and TyAnna Robinson's employee files were reviewed and did not contain training in the following areas:

(a) reporting requirements; (d) personal care, supervision, and protection; (h) food safety, which includes food storage, preparation, distribution, and serving in a safe manner; (i) nutrition and special diets.

**R 400.645                      Environmental health.**

(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.

At the time of inspection, I observed the hot water temperature to be above 140 degrees Fahrenheit at the fixture.

**R 400.657                      Bedrooms.**

(4) Interior doorways of a resident bedroom must be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, I observed Resident A's bedroom door was not equipped with positive latching hardware.

**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.

At the time of inspection, Resident A's records reviewed did not contain a written assessment that was signed by the licensee designee for 2025.

**R 400.707                      Staff training.**

(1) Staff who work with residents shall have successfully completed training that provides basic concepts required in providing specialized dependent care before working independently. Staff shall show the ability to comprehend and be competent to deliver each resident's individual plan of service as written. Training must include all of the following before working independently:

(a) An introduction to community residential services and the role of direct care staff.

(b) Understanding and carrying out individual plans of service for residents.

(c) An introduction to the special needs of residents that have developmental disabilities or have been diagnosed as having a mental illness and is specific to the needs of residents to be served by the facility.

(d) Protecting and respecting the rights of residents in accordance with chapter 7 of the mental health code, 1974 PA 258, MCL 330.1700 to 330.1758, including providing resident orientation to written facility policies and procedures.

(e) Non-aversive techniques for prevention and treatment of challenging behavior of residents in accordance with an individual plan of service.

At the time of inspection, Staff Hykyra Caldwell's and TyAnna Robinson's employee files were reviewed and did not contain training in the following areas:

(c) An introduction to the special needs of residents that have developmental disabilities or have been diagnosed as having a mental illness and is specific to the needs of residents to be served by the facility.

(e) Non-aversive techniques for prevention and treatment of challenging behavior of residents in accordance with an individual plan of service.

#### IV. RECOMMENDATION

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



03/10/2026

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Shatonla Daniel  
Licensing Consultant

Date