



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 3, 2026

Maya Kemp
Ellas AFC Homes
470 Renaud Rd
Grosse Pointe, MI 48236

RE: License #: AS820418680
Woodmont
14247 Woodmont Ave
Detroit, MI 48227

Dear Ms. Kemp:

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,



K. Robinson, MSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820418680

Licensee Name: Ellas AFC Homes

Licensee Address: 470 Renaud Rd
Grosse Pointe, MI 48236

Licensee Telephone #: (313) 516-7357

Licensee/Licensee Designee: Maya Kemp

Administrator: Maya Kemp

Name of Facility: Woodmont

Facility Address: 14247 Woodmont Ave
Detroit, MI 48227

Facility Telephone #: (313) 985-1227

Original Issuance Date: 03/12/2025

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/25/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 03

No. of others interviewed 01 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.
Breakfast served prior to my arrival.
- Fire drills reviewed? Yes No If no, explain.
None available.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain. None available.
- 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 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

No E-scores completed since the home opened.

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.

No Resident Register available for department review.

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.

No fire drills have been completed since the home opened.

R 400.631 Health screenings.

(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.

Direct care staff, Kimberly Sundi's employee record does not contain verification of TB screening; the form is blank.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:
(g) Beginning and ending dates of employment on separation.

Employee records lacked beginning dates of employment.

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.

Observed multiple Medication Administration Records that lack the following:

- Dosage
- Label instructions for use
- Time to be administered
Technical Assistance: Must document the actual time of day, not “morning or evening”
- Initials of the individual who administered the medication at the time given.

IV. RECOMMENDATION

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



03/03/26

Kara Robinson
Licensing Consultant

Date