



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 23, 2026

Aissatou Coly  
Te-Sy Residents  
21267 Mideay Ave  
Southfield, MI 48219

RE: License #: AS820418543  
**Te-Sy Residents**  
**12660 Washburn Street**  
**Detroit, MI 48238**

Dear Aissatou Coly:

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 six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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, appearing to read 'D Walker', written in a light gray or blue ink.

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820418543

**Licensee Name:** Te-Sy Residents

**Licensee Address:** 19333 Ashton Ave  
Detroit, MI 48219

**Licensee Telephone #:** (248) 508-3391

**Licensee/Licensee Designee:** Aissatou Coly

**Administrator:** Aissatou Coly

**Name of Facility:** Te-Sy Residents

**Facility Address:** 12660 Washburn Street  
Detroit, MI 48238

**Facility Telephone #:** (313) 398-0791

**Original Issuance Date:** 09/10/2025

**Capacity:** 5

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/05/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

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:

**MCL 400.734b      Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

At the time of inspection, licensee designee Aissatou Coly did not conduct criminal history checks for direct care staff Nballougbe Sy or Mballougbe Sangar at the time of hire.

Failure to conduct criminal history checks of direct care staff places the residents at risk of potential harm and physical safety because the licensee is unable to determine if the direct care staff is suitable to meet the residents' needs.

**R 400.631                    Health screenings.**

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

At the time of inspection, direct care staff, Mballougbe Sangar employee file did not contain a statement signed by a licensed physician or physician's designee attesting to her physical health at the time of hire. Mballougbe Sangar's date of hire was 12/2/2025; her physical was dated 10/14/2025.

Failure to verify direct care staff physical health at the time of hire places the residents at risk because the licensee is unable to determine if the direct care staff is mentally and/or physically capable of meeting the residents' needs.

**R 400.639                    Staff records.**

(1) A licensee shall maintain a record for each staff that contains all of the following:

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

At the time of inspection, direct care staff Nballougbe Sy and Mballougbe Sangar's employee file did not contain verification of not less than 2 reference checks.

Failure to verify the direct care staff references jeopardizes the residents' safety because the licensee runs the risk of hiring unqualified direct care staff.

**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, Resident B's bedroom door was not equipped with positive-latching.

Failure to have a resident's bedroom door that is not equipped with positive-latching places the resident at potential risk of harm because positive-latching is designed to automatically catch and secure when closed providing a smoke and fire barrier.

**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.

At the time of inspection, Resident B's medications were not given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

The following medications were observed in Resident B's medication bin, but were not administered:

Phenytoin NA 100mg SA CAP, take one capsule by mouth twice daily was not administered 02/01/2026 through 03/05/2026.

Levetiracetam 500mg TAB, take one capsule by mouth twice daily was not administered 02/01/2026 through 03/05/2026.

Methocarbamol 500mg TAB, take one tablet by mouth three times daily was not administered 02/01/2026 through 03/05/2026.

Escitalopram Oxalate 10mg TAB, take one tablet by mouth every day. \*Do not stop taking this medication without speaking to your provider, \* was not administered 02/01/2026 through 03/05/2026.

Sennosides 8.6 TAB, take two tablets by mouth at bedtime was not administered 02/01/2026 through 03/05/2026.

Multivitamin CAP/TAB, take 1 tablet by mouth every day was not administered 02/01/2026 through 03/05/2026.

Licensee designee, Aissatou Coly stated she was advised by Resident B's next to kin to discontinue all medications at the end of January 2026; and that Resident B is scheduled for a medication review on 03/09/2026.

During the onsite inspection, I contacted nurse, Micheal Berney with Veterans Hospital. He confirmed Resident B's medications were not discontinued and are active. He stated Resident B was last seen on 03/03/2026.

Not administering the medications as prescribed jeopardizes resident health, treatment, care and can lead to a range of negative physical outcomes.

**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.

At the time of inspection, Resident A's medication bin contained medication that was not listed on his medication administration records (MAR) for February or March 2026. The medication was as follows:

Nifedipine (EQV-CC) 30mg SA TAB, take one tablet by mouth daily on an empty stomach.

Licensee designee, Aissatou Coly stated the medication was administered but was not initialed at the time it was given.

Not completing a resident individual MAR jeopardizes resident health, treatment and care because the licensee is unable to demonstrate that medications have been administered as prescribed.

**R 400.685                      Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

At the time of inspection, Resident B's resident file did not contain a health care appraisal completed within the 90-day period before admission. Resident B was admitted on 01/17/2026, his health care appraisal is dated 03/03/2026.

Licensee designee, Aissatou Coly stated Resident B was an emergency admission. Resident B's health care appraisal was not completed no later than 30 days after admission.

Not completing a resident health care appraisal at the time of admission jeopardizes resident care, treatment and protection because the licensee is unable to determine the resident's needs and the ability to provide adequate care.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



03/19/2026

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Denasha Walker  
Licensing Consultant

Date

Approved by:



03/23/2026

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Ardra Hunter  
Area Manager

Date