



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 3, 2026

Petronia Bell
Miracle Care Manor LLC
6142 Inverness Dr
Romulus, MI 48174

RE: License #: AS820419279
Miracle Care Manor
9390 Appleton
Redford, MI 48239

Dear Petronia Bell:

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, appearing to read 'D Walker'.

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 #: AS820419279

Licensee Name: Miracle Care Manor LLC

Licensee Address: 9390 Appleton
Redford, MI 48239

Licensee Telephone #: (734) 444-8987

Licensee/Licensee Designee: Petronia Bell

Administrator: Letif Alexander

Name of Facility: Miracle Care Manor

Facility Address: 9390 Appleton
Redford, MI 48239

Facility Telephone #: (734) 444-8987

Original Issuance Date: 07/16/2025

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/24/2026

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/Admin

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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.
No residents present at the time of inspection.
- 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 400.615 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.

At the time of inspection, licensee designee, Petronia Bell, did not maintain a chronological register of residents who are admitted to the home.

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, the emergency and evacuation practices conducted were not complete and did not contain the time the drill was completed. I am unable to determine if the drill was conducted 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.

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.

At the time of inspection, Resident A's medication administration records (MARs) were not initialed at the time the medication was given. The MARs were initialed on 01/01/2026-01/04/2026; Resident A was admitted to the home on 01/05/2026. Resident A was not admitted to the home at the time the MARs were initialed.

The medications were as follows:

- Sertraline Hcl 100mg tablet, take one tablet by mouth once daily was initialed at 8am on 01/01/2026-01/04/2026.
- Trazadone 100mg tablet, take one tablet by mouth at bedtime was initialed at 8pm on 01/01/2026-01/04/2026.
- Benztropine Mes 2mg tablet, take one tablet by mouth twice daily was initialed at 8am and 8pm on 01/01/2026-01/04/2026.
- Fluphenazine 1mg tablet, take once tablet by mouth in the morning, take two tablets by mouth at bedtime was initialed at 8am and 8pm on 01/01/2026-01/04/2026.

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 resident file did not contain a written assessment plan completed at the time of admission.

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.

At the time of inspection, Resident A's resident file did not contain a written resident care agreement completed at the time of admission.

R 400.731 Flame-producing equipment; enclosures.

- (1) If the heating plant is in the basement, standard building material may be used for the floor separation. Floor separation must also include at least 1-3/4-inch solid core wood door or equivalent equipped with an automatic self-closing device to create a floor separation between the basement and the first floor.

At the time of inspection, the fire door was not equipped with an automatic self-closing device.

IV. RECOMMENDATION

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



03/03/2026

Denasha Walker
Licensing Consultant

Date