



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 15, 2026

Dena Schulte
Southgate Adult Care
15632 Susan Street
Southgate, MI 48195

RE: License #: AS820086608
Gateway Residents
15632 Susan
Southgate, MI 48195

Dear Dena Schulte:

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 black ink, appearing to read 'Denasha 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 #: AS820086608

Licensee Name: Southgate Adult Care

Licensee Address: 15632 Susan Street
Southgate, MI 48195

Licensee Telephone #: (734) 783-1222

Licensee/Licensee Designee: Dena Schulte

Administrator: Dena Schulte

Name of Facility: Gateway Residents

Facility Address: 15632 Susan
Southgate, MI 48195

Facility Telephone #: (734) 284-7654

Original Issuance Date: 08/05/1999

Capacity: 6

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/13/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

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:
CAP Dated 05/03/2024 R400.14203, R400.14301 (4), R400.14301 (6),
R400.14301 (9), R400.14306 (3), R400.14312 (4)(b), R400.14315 (3) 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 400.627 Licensee and administrator training requirements.

(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours:

(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.

(b) 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as accepted by the department.

At the time of inspection, licensee designee, Dena Schulte licensee did not successfully complete 16 hours of training or 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as accepted by the department.

***REPEAT VIOLATION* LSR DATED 04/29/2024 CAP DATED 05/03/2024.**

Failure to complete continued education courses annually jeopardizes the resident's health and safety because the licensee designee is not well-informed of the evolving needs of the elderly population while maintaining safety, dignity, and quality of life.

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:

(d) Personal care, supervision, and protection.

At the time of inspection, direct care staff Brandy Sparkman and Savanna Perez employee file did not contain verification of personal care, supervision, and protection training as it pertains to Alzheimer's population.

Lack of proper training when caring for Alzheimer's or other dementia-related populations can jeopardize the risk and safety of the residents and lead to serious range of negative physical outcomes.

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, the hot water at the faucet did not range between 105 to 120 degrees Fahrenheit at the fixture.

- Kitchen, 96 degrees Fahrenheit
- Bathroom #1, 91 degrees Fahrenheit
- Bathroom #2, 88.5 degrees Fahrenheit

Exposure to cold water can jeopardize the health and safety of the residents if exposed for too long or have certain health conditions.

R 400.675 Resident medications.

(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.

At the time of inspection, I observed a simulated medication pass completed by direct care staff, Savanna Perez to Resident C. The medication bottle had a sticky post-it taped to it, covering the original label. The post-it had Multi-V written on it. Licensee designee, Dena Schulte removed the post-it and the label affixed to the bottle was for Gabapentin CAP 300, take 1 capsule by mouth twice daily.

There were two other medication bottles observed in Resident C's medication bin with sticky post-its taped over the labels; one had probiotics written on it, the original label underneath was for Gabapentin CAP 300, take 1 capsule by mouth twice daily and other had calcium written on it, the original label was Oxcarbazepine 300mg, take 1 tablet by mouth twice.

Licensee designee, Dena Schulte stated a former employee, Corrie Kuchanczyk must have taped the sticky post-it to the bottle. She was unable to provide further explanation.

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 administered for the following medication:

Hyoscyamine 0.125mg ODT, take one tablet by mouth four times daily for secretions was not initialed 04/01/2026 through 04/13/2026 at noon or 04/01/2026 through 04/13/2026 at 4p.m.

Direct care staff, Brandy Sparkman stated the Resident A's physician made some changes to his medication, which was not documented or recorded in the resident's file.

I observed Resident A's past MARs that were not initialed at the time the medication was administered for the following medication:

- Memantine HCL 10mg tab, take one tab twice a day, was not initialed on 5/26/2025 at 8p.m.
- Magnesium 500mg, take one tab twice a day, was not initialed on 5/26/2025 at 8p.m.
- Metformin 500mg, take two tabs twice a day, was not initialed on 5/26/2025 at 8p.m.
- Metoprolol Tartrate 25mg, take two tabs by mouth twice daily, was not initialed on 5/26/2025 at 8p.m.
- Eliquis 5mg tab, take one tab twice a day, was not initialed on 5/26/2025 at 8p.m.
- Rosuvastatin 40mg tab, take ½ tab at bedtime, was not initialed on 5/26/2025 at 8p.m.
- Tamsulosin 0.4mg CAP, take 1 CAP once daily, was not initialed on 5/26/2025 at 8p.m.
- Ipratropium 0.5/Albuterol 2.5 one vial in nebulizer three times daily, was not initialed on 5/26/2025 at 2p.m. or 8p.m.
- Ferrous Sulfate 324mg tab, take 1 tab three times a day, was not initialed on 06/22/2025 at 8a.m., 2p.m. or 8p.m.
- Magnesium 40mg, take two tabs twice a day was not initialed on 06/23/2025 at 8a.m.
- Metoprolol Tartrate 25mg, take one tab by mouth daily, was not initialed on 09/25/2025 at 8a.m.
- Famotidine 20mg take one tab by mouth daily was not initialed on 09/25/2025 at 8a.m.

Not administering the medications as prescribed jeopardizes residents' health, treatment, and care.

***REPEAT VIOLATION* LSR DATED 04/29/2024 CAP DATED 05/03/2024.**

R 400.727

Smoke detection equipment for family home and small group home with 6 or less residents after March 27, 1980.

(6) For new construction, conversions to an adult foster care facility, and changes of adult foster care licensing type, approved smoke alarms must be installed in accordance with the requirements contained in the national fire protection association entitled NFPA 101, Life Safety Code, 2021 edition, powered from the building's electrical system, and, when activated, initiate an alarm that is audible in all sleeping rooms with the doors closed. Smoke alarms must be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional smoke alarms must be installed in living rooms, dens, dayrooms, and similar spaces. NFPA 101, Life Safety Code, 2021 edition, is adopted by reference in R 400.715(4)(b).

At the time of inspection, the smoke detection system was not powered from the building's electrical system, and, when activated, the alarm was not audible in all sleeping rooms.

Inactive or non-working smoke detectors that are not audible throughout the home and in sleeping areas jeopardize the resident's safety and can cause serious harm preventing a warning to evacuate.

R 400.729

Heating equipment.

(3) Where conditions indicate a need for inspection, heat-producing equipment must be inspected by a qualified inspection service. A copy of the written approval from the qualified inspection service must be submitted to the department on request.

At the time of inspection, licensee designee, Dena Schulte was unable to provide written approval from the qualified inspection service for the furnace.

Failure to have the furnace inspected regularly can jeopardize the resident's safety and lead to serious hazards, and health risks.

On 04/14/2026, I completed an exit conference with Dena Schulte, Licensee Designee regarding the findings. I explained that based on the repeat quality-of-care violations, I am recommending she appoint an administrator to assist her with the daily functions of the home, Mrs. Schulte said she understood. She stated she experienced some challenges last year that made it difficult to oversee the daily operations of the home. She stated she intends to correct the violations and better maintain the home. I explained that due to the violations cited in the report, a written corrective action plan is required, and I am recommending a provisional license, which she agreed to submit.

IV. RECOMMENDATION

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



04/14/2026

Denasha Walker
Licensing Consultant

Date

Approved by:



04/15/2026

Ardra Hunter
Area Manager

Date