



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 19, 2026

Stephanie Kinney  
Saints Incorporated  
2945 S. Wayne Road  
Wayne, MI 48184

RE: License #: AS820013601  
**Beverly House**  
**6380 Merriman**  
**Romulus, MI 48174**

Dear Stephanie Kinney:

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 and special certification 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 Place, 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**

|                                    |  |
|------------------------------------|--|
| <b>License#:</b>                   | AS820013601  |
| <b>Licensee Name:</b>              | Saints Incorporated                                |
| <b>Licensee Address:</b>           | 2945 S. Wayne Road<br>Wayne, MI 48184              |
| <b>Licensee Telephone #:</b>       | (734) 722-2221                                     |
| <b>Licensee/Licensee Designee:</b> | Stephanie Kinney                                   |
| <b>Administrator:</b>              | Stephanie Kinney                                   |
| <b>Name of Facility:</b>           | Beverly House                                      |
| <b>Facility Address:</b>           | 6380 Merriman<br>Romulus, MI 48174                 |
| <b>Facility Telephone #:</b>       | (734) 721-4712                                     |
| <b>Original Issuance Date:</b>     | 07/31/1990   |
| <b>Capacity:</b>                   | 6  |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED |
| <b>Certified Programs:</b>         | DEVELOPMENTALLY DISABLED                           |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/18/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Area Manager

- 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 were in the home at the time of the onsite 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:  
CAP Dated 05/21/2024 R 400.14315 (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:

#### **Environmental health.**

##### **R 400.645**

(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 temperature for a resident's use did not range between 105 to 120 degrees Fahrenheit at the fixture.

- Kitchen, 125.8 degrees Fahrenheit
- West Resident Bathroom, 125.1 degrees Fahrenheit
- East Resident Bathroom, 124.2 degrees Fahrenheit

**\*Corrected onsite, no CAP required. \***

##### **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, prescribed mouthwash medication was observed underneath the cabinet in the east resident bathroom, unsecured and accessible to the residents.

**\*Corrected onsite\***

**\*REPEAT VIOLATION\* LSR DATED 05/16/2024 CAP DATED 05/21/2024.\***

#### IV. RECOMMENDATION

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



05/19/2026

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Denasha Walker  
Licensing Consultant

Date