



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 13, 2026

Nichole Landers  
Landers & Landers Home for the Aged, Inc.  
PO Box 33202  
Bloomfield Hills, MI 48303

RE: License #: AS820400269  
**Mayfield Home #3**  
**15324 Mayfield St.**  
**Livonia, MI 48154**

Dear Mrs. Landers:

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 cursive script that reads "DaShawnda Lindsey". The signature is written in a dark ink and is positioned above the typed name.

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
3026 W Grand Blvd  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820400269

**Licensee Name:** Landers & Landers Home for the Aged, Inc.

**Licensee Address:** Suite 503 East  
15565 Northland Dr  
Southfield, MI 48075

**Licensee Telephone #:** (313) 632-0757

**Licensee/Licensee Designee:** Nichole Landers

**Administrator:** Nichole Landers

**Name of Facility:** Mayfield Home #3

**Facility Address:** 15324 Mayfield St.  
Livonia, MI 48154

**Facility Telephone #:** (313) 632-0757

**Original Issuance Date:** 12/03/2019

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/11/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

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.  
There were no residents or staff present during the inspection.
- 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.  
The inspection did not occur during a meal time.
- 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.  
There were no incident reports that required a follow-up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
Renewal 2024- as407(1) and as507(5) 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:	
<b>R 400.619</b>	<b>Emergency preparedness plan.</b>
	<b>(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.</b>
At the time of the inspection, I reviewed the fire drills conducted in the last two years. I observed the following: <ul style="list-style-type: none"> <li>• There was a fire drill conducted in April 2024 at 3pm. There was no verification that any other fire drills were conducted in 2024.</li> <li>• In the first quarter of 2025, there was no drill conducted from 7am to 3pm.</li> <li>• In the second, third and fourth quarter of 2025, there was no drill conducted from 11pm to 7am.</li> </ul>	
<b>R 400.627</b>	<b>Licensee and administrator training requirements.</b>
	<b>(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:</b> <b>(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.</b>
At the time of the inspection, there was no verification that licensee designee/administrator Nichole Landers completed at least 16 hours of training annually in the last two years.	
<b>R 400.631</b>	<b>Health screenings.</b>
	<b>(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.</b>
At the time of the inspection, there was no verification that staff Tyrone Barrow completed an annual health review in the last two years. There was no verification that staff Leonard Collins completed an annual health review in 2026.	

<b>R 400.645</b>	<b>Environmental health.</b>
	(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 the inspection, the water in one of the full bathrooms was 93.3 degrees Fahrenheit.	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
One of Resident's dressers was damaged. There were several nails and screws sticking out of it.	
<b>R 400.675</b>	<b>Resident medications.</b>
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
At the time of the inspection, I reviewed residents' medications and the medication administration records (MAR). I observed following:	
Resident A:	
<ul style="list-style-type: none"> <li>• Per the bubble pack, the resident is prescribed Atorvastatin Calc. 40MG daily at bedtime. Per the MAR, the resident is prescribed the medication daily at 8am. There were no initials to show administration of the medication for the month of May 2026.</li> <li>• Per the bubble pack, the resident is prescribed Docusate Sod 100mg as a PRN. Per the MAR, the resident is prescribed the medication daily at 8am. There were no initials to show administration of the medication for the month of May 2026.</li> <li>• Staff did not initial the MAR show administration of Lorazepam 1MG from 05/01/2026 to 05/03/2026 or on 05/09/2026 at 7am or from 05/01/2026 to 05/03/2026 or on 05/08/2026 and 05/09/2026 at 8pm.</li> <li>• Staff did not initial the MAR to show administration of Metoprolol Tartate 25MG from 05/01/2026 to 05/03/2026 and on 05/09/2026 at 7am or from 05/01/2026 to 05/03/2026 or on 05/08/2026 and 05/09/2026 at 8pm.</li> <li>• Staff did not initial the MAR to show administration of One Daily Multivitamin PO Tab from 05/01/2026 to 05/03/2026 and on 05/09/2026 at 7am.</li> </ul>	

<p>Resident B:</p> <ul style="list-style-type: none"> <li>The resident is prescribed Vitamin D3 50MCG daily. Per bubble pack, staff administered the medication on 05/01/2026, 05/02/2026, and 05/04/2026-05/11/2026. The resident was on leave of absence on 05/03/2026. The medication was not administered. Staff did not administer the MAR on 05/01/2026, 05/02/2026 or 05/09/2026 to show administration of the medication.</li> </ul>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(b) Complete an individual medication log that contains all of the following:</p> <ul style="list-style-type: none"> <li>(i) Medication name.</li> <li>(ii) Dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> <li>(v) Initials of the individual who administered the medication at the time given.</li> <li>(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.</li> </ul>
<p>At the time of the inspection, I reviewed residents' medications and the medication administration records (MAR). I observed following:</p> <p>Resident A:</p> <ul style="list-style-type: none"> <li>Per the bubble pack, the resident is prescribed Atorvastatin Calc. 40MG daily at bedtime. Per the MAR, the resident is prescribed the medication daily at 8am. There were no initials to show administration of the medication for the month of May 2026.</li> <li>Per the bubble pack, the resident is prescribed Docusate Sod 100mg as a PRN. Per the MAR, the resident is prescribed the medication daily at 8am. There were no initials to show administration of the medication for the month of May 2026.</li> <li>Staff did not initial the MAR show administration of Lorazepam 1MG from 05/01/2026 to 05/03/2026 or on 05/09/2026 at 7am or from 05/01/2026 to 05/03/2026 or on 05/08/2026 and 05/09/2026 at 8pm.</li> <li>Staff did not initial the MAR to show administration of Metoprolol Tartate 25MG from 05/01/2026 to 05/03/2026 and on 05/09/2026 at 7am or from 05/01/2026 to 05/03/2026 or on 05/08/2026 and 05/09/2026 at 8pm.</li> <li>Staff did not initial the MAR to show administration of One Daily Multivitamin PO Tab from 05/01/2026 to 05/03/2026 and on 05/09/2026 at 7am.</li> <li>The following medications are listed as active medications on the MAR but have been discontinued: Loratadine 10MG daily at 8am and 7am, Lorazepam</li> </ul>	

1MG at midnight, Lorazepam 1MG daily at 8am and 8pm (listed two times), Metformin 500MG daily at 8am and 8pm, Metformin Hydrochloride 500MG at 7am and 8pm, Metoprolol Tartate 2MG at 8am and 8pm, One Daily Multi Bit Tab at 8am (listed two times), Quetiapine Fum 400MG at 8pm (listed two times), Quetiapine Fumarate ER 150MG at 8am (listed two times), Vitamin D50000 Unit daily at midnight, and Vitamin D50000 Unit at daily 7am.

**Resident B:**

- The resident is prescribed Vitamin D3 50MCG daily. Per bubble pack, staff administered the medication on 05/01/2026, 05/02/2026, and 05/04/2026-05/11/2026. The resident was on leave of absence on 05/03/2026. The medication was not administered. Staff did not administer the MAR on 05/01/2026, 05/02/2026 or 05/09/2026 to show administration of the medication.
- The following medications are listed as active medications on the MAR but have been discontinued: Atorvastatin Calcium 40MG at 8am (listed two times), D3 Super Strength 50MCG at 8am, Ketaconazole 2% Cream at 7am (listed twice), Nystatin 100000 Unit/GM Powd at 7am, Nystatin 100000 Unit/GM to Pwd at 8am, Ibuprofen 400MG PRN.

<b>R 400.715</b>	<b>Facility environment; fire safety, adoption by reference.</b>
	(1) A facility that has a capacity of 4 to 6 residents shall be equipped with an interconnected multi-station smoke detection system that is powered by the facility's electrical service. When activated, the system must initiate an alarm that is audible in all areas of the facility. The smoke detection system must be installed on all levels, including basements, common activity areas, and outside each sleeping area, excluding crawl spaces and unfinished attics, to provide full coverage of the facility. The system must include a battery backup to ensure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of residents living in the facility, if needed. A fire safety system must be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections must be maintained at the facility for 2 years.
At the time of the inspection, the smoke detectors were not interconnected.	
<b>R 400.715</b>	<b>Facility environment; fire safety, adoption by reference.</b>
	(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the

	<p>responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following:</p> <p>(a) Improve the score to at least the "slow" category.</p> <p>(b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life Safety Code, 2021 edition is adopted by reference and available to purchase on the National Fire Protection Association website at <a href="https://www.nfpa.org">https:// www.nfpa.org</a> at a cost of \$168.00 for nonmembers of the NFPA and \$151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101.</p>
<p>An escrow was completed for Resident B only when Resident B moved into the facility. Not all residents were reevaluated.</p>	

**IV. RECOMMENDATION**

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



05/13/2026

DaShawnda Lindsey  
Licensing Consultant

Date