GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 28, 2026

Michael Mwathi
Canfield Care Manor
1606 South Huron #972804
Ypsilanti, MI 48197

RE: License #: AS630394866
**Canfield Care Manor**
**23065 Canfield Ave**
**Farmington Hills, MI 48336**

Dear Michael Mwathi:

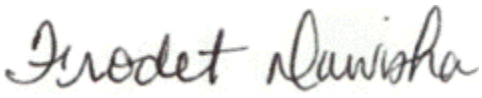
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 authorized representative and a date.

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 (248) 972-9136.

Sincerely,



Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 W. Grand Blvd.
2nd Floor Annex, Ste 2-730
Detroit, MI 48202
(248) 303-6348

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS630394866 |
| | |
| **Licensee Name:** | Canfield Care Manor |
| | |
| **Licensee Address:** | 23065 Canfield Ave<br>Farmington Hills, MI 48336 |
| | |
| **Licensee Telephone #:** | (248) 470-4862 |
| | |
| **Administrator/Licensee Designee:** | Michael Mwathi |
| | |
| **Name of Facility:** | Canfield Care Manor |
| | |
| **Facility Address:** | 23065 Canfield Ave<br>Farmington Hills, MI 48336 |
| | |
| **Facility Telephone #:** | (248) 470-4862 |
| | |
| **Original Issuance Date:** | 05/17/2019 |
| | |
| **Capacity:** | 6 |
| | |
| **Program Type:** | MENTALLY ILL<br>ALZHEIMERS<br>AGED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/27/2026

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 1
No. of residents interviewed and/or observed 2
No. of others interviewed 1 Role: LD

- 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. did not occur during 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:

| | |
|---|---|
| **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. |

During the on-site inspection on 05/27/2026, direct care staff, Rhonda Rowser did not have her fingerprints completed under Canfield Care Manor at the time of her hire date of 12/19/2018.

**REPEAT VIOLATION ESTABLISHED: LSR dated 06/06/2026, CAP dated 06/18/2024**

| **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. |

During the on-site inspection on 05/27/2026, I reviewed the emergency preparedness practices and found the following missing fire drills:

- Day drills during the first and third quarters in 2025
- Evening drills during the second quarter of 2025
- Sleep drills during the second and fourth quarters in 2025 and during the second quarter in 2026

**Failing to conduct day, evening, and sleep drills severely endangers residents by removing opportunities to practice vital evacuation skills. Missing these drills leaves residents unprepared and the risk of severe injury during an actual fire.**

| **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. |

During the on-site inspection on 05/27/2026, direct care staff, Kholoud Almaraweh, did not have a statement signed by a licensed physician or physician's designee attesting to her physical health within 30 days of her hire date on 10/03/2018.

**Without clearance from a licensed physician, the group home lacks verification that the direct care staff are capable to assist residents with their personal care, supervision, and protection which places residents at severe risk of abuse and neglect.**

| **R 400.637** | **Handling of resident funds and valuables.** |
|---|---|
| | (4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident. |

During the on-site inspection on 05/27/2026, licensee designee Michael Mwathi did not record resident funds for payment of services for Resident A from 06/2024-05/2026 and for Resident B from 05/2024-05/2026.

**Failing to complete the resident funds records can lead to improper budgeting which then directly impacts residents' standard of living and day-to-day services. It can also lead to inadequate staffing and lack of personalized care.**

| **R 400.673** | **Use of assistive devices, therapeutic support.** |
|---|---|
| | (1) An assistive device or therapeutic support intended to achieve or maintain a resident's proper position to enhance mobility, physical comfort, safety, and well-being must be specified in the resident's assessment plan and agreed on by the resident or resident's designated representative. |

During the on-site inspection on 05/27/2026, Resident A's assistive devices or therapeutic supports; hospital bed, bed rails, wheelchair, and shower chair were not specified in her assessment plan on 03/05/2026. Resident B's assistive devices or therapeutic supports; hospital bed, bed rails, wheelchair, and shower chair were not specified in his assessment plan 01/08/2026.

**Failure to have assistive devices documented in a residents' assessment plan compromises their safety, reduces their independence, and can create liability issues.**

| **R 400.673** | **Use of assistive devices, therapeutic support.** |
|---|---|
| | (2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care |

| | |
|---|---|
| | professional and the authorization must state the reason for and the term of the authorization. |

During the on-site inspection on 05/27/2026, there were no authorizations in writing by an appropriately licensed health care professional and there was no authorization that stated the reason for and the term of the authorization for Resident A's and Resident B's wheelchairs and shower chairs.

**Failure to have authorizations in writing for these assistive devices by an appropriate licensed professional can lead to severe injuries, falls, or accelerated physical decline if the assistive device is used for the wrong purpose.**

| **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. |

During the on-site inspection on 05/27/2026, I reviewed Resident A's and Resident B's medications and found the following errors:

- Resident A's **Trazodone 50MG Tab**: take one tablet by mouth every evening at 8PM was not given per label instructions in March 2026 as staff were administering this medication on an as needed basis.
- Resident A's **Amlodipine Besylate 10MG Tab**: take one tablet by mouth daily, hold for SBP less than 120 was not given per label instructions on 05/07/2026 at 6AM when staff was supposed to hold this medication due to Resident A's blood pressure was less than 120, but instead passed the medication.
- Resident B's **Self-Catheterization** with clean technique and self-catheter supplies three to four times daily to empty bladder was on the medication log to be completed at 6AM, 12PM, and 6PM, but home manager Rhonda Rowser stated that staff were sometimes emptying the bladder and sometimes not doing it per physician's instructions.

**Failure to administer medication as prescribed, ordered, or directed by a licensed health care professional causes severe medical complications and can trigger psychological distress, dangerous falls, or require emergency hospitalization.**

| **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:<br>(v) Initials of the individual who administered the medication at the time given.<br>(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal. |

During the on-site inspection on 05/27/2026, I reviewed Resident A's and Resident B's medications and found the following errors:

- Resident A's **Trazodone 50MG Tab**: take one tablet by mouth every evening at 8PM for insomnia was given on 04/24/2026, but staff did not initial the medication log.
- Resident A's **Quetiapine Fumarate 200MG Tab**: take one tablet by mouth daily at 1PM was given on 03/09/2026, but staff did not initial the medication log.
- Resident A's **Lovastatin 40MG Tab**: take half of a tablet by mouth daily with evening meal for cholesterol was given at 5PM on 03/09/2026, but staff did not initial the medication log.
- Resident A's **Lorazepam 0.5MG Tab**: take one tablet by mouth every six hours for anxiety was given at 6AM on 03/24/2026, 03/25/2026, 03/27/2026, 03/29/2026-03/31/2026; at 12PM on 03/26/2026, 03/28/2026-03/31/2026; and at 6PM on 03/25/2026-03/31/2026 but staff did not initial the medication log.
- Resident A's **Polyethylene Glycol 3350 Powder**: mix one capful in eight ounces of liquid and drink by mouth once every other day (hold for loose stools) was either held or given at 6AM on 02/28/2026, 05/01/2026, 05/05/2026, 05/09/2026, 05/11/2026, but staff did not initial the medication log.
- Resident B's **Midodrine HCL 10MG Tab**: take one tablet by mouth twice daily before meals was held on 04/27/2026, and unclear if it was held or given on 05/10/2026 and 05/21/2026 as staff did not initial the medication log nor write hold.
- Resident B's **Self-Catheterization** with clean technique and self-catheter supplies three to four times daily to empty bladder was on the medication log to be completed at 6AM, 12PM, and 6PM, but home manager Rhonda Rowser stated that sometimes Resident B would refuse, but staff never recorded the refusals on the medication log in January 2026, April 2026 and May 2026. There were also missing initials on the medication logs for both April 2026 and May 2026 when staff were assisting Resident B with his catheter.

**REPEAT VIOLATION ESTABLISHED: LSR dated 06/06/2026, CAP dated 06/18/2024**

| **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:<br>(c) Record the reason for each administration of medication that is prescribed on an as needed basis. |

During the on-site inspection on 05/27/2026, I reviewed Resident A's and Resident B's medications and found the following errors:

- Resident A's **Prochlorperazine Maleate 10MG Tab**: take one tablet by mouth every six hours as needed was given on 04/18/2026 and 04/19/2026, but staff did not record the reason for this as needed medication.
- Resident A's **Acetaminophen 650MG Suppository**: insert one suppository rectally every six hours as needed for fever was given on 04/14/2026 and 04/18/2026, but staff did not record the reason for this as needed medication.
- Resident A's **Lorazepam 0.5MG Tab**: take one tablet by mouth every six hours as needed for anxiety was given on 02/05/2026, but staff did not record the reason for this as needed medication.
- Resident A's **Quetiapine Fumarate 50MG Tab**: take one tablet by mouth every day as needed for anxiety and behavior was given twice on 12/20/2025, but staff did not record the reason for this as needed medication.
- Resident B's **Antacid Xtra Strength Chew Tab**: chew two tables oral two times a day as needed for heartburn was given on 01/27/2026 but staff did not record the reason for this as needed medication.
- Resident B's **Nicotine 2MG Chewing Gum**: place one into mouth between cheek and gum every one hour if needed was given on 01/27/2026, 01/28/2026, and twice on 01/29/2026, but the reason for this as needed medication was not recorded.

**Failure to record as needed prescribed medication can immediately jeopardize the residents' safety. Unrecorded doses make it dangerously easy for different staff members to administer the same as needed medication too close together, leading to toxicity, adverse reactions, or fatal overdosing.**

| **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:<br>(e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any instructions regarding a resident's prescription medication. |

During the on-site inspection on 05/27/2026, I reviewed Resident A's and Resident B's medications and found the following errors:

- Resident B's **Bisacodyl 10MG Suppository**: Insert one suppository into rectum one time each day was modified to an as needed medication beginning March 2026, per Resident B's physician according to the home

manager Rhonda Rowser, but there were no instructions recorded in writing regarding modification of this medication.

**Failure to record a medication modification immediately jeopardizes the resident's health by opening the door to dangerous drug interactions, missing or incorrect dosages, and adverse reactions. It breaks the vital chain of communication needed to safely manage an individual's complex health needs.**

| 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. |

During the on-site inspection on 05/28/2026, Resident A and Resident B did not have their 2025 and 2026 health care appraisals completed. There last health care appraisals were both completed on 04/17/2024.

**REPEAT VIOLATION ESTABLISHED: LSR dated 06/06/2026, CAP dated 06/18/2024**

| R 400.685 | Resident admission; resident assessment plan; resident care agreement; health care appraisal. |
|---|---|
| | (11) A licensee shall contact a resident's health care professional for instructions as to the care of the resident if the resident requires the care of a health care professional. The licensee shall record in the resident's record any instructions for the care of the resident. |

During the on-site inspection on 05/28/2026, Resident A and Resident B did not have any instructions by their health care professionals recorded as to the care of both residents since their admission into the home.

**REPEAT VIOLATION ESTABLISHED: LSR dated 06/06/2026, CAP dated 06/18/2024**

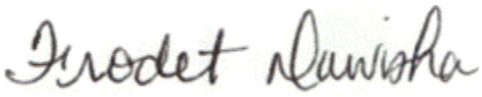
| | |
|---|---|
| **R 400.723** | **Fire extinguishers.** |
| | (2) Fire extinguishers must be examined and maintained as recommended by the manufacturer. |

During the on-site inspection on 05/28/2026, I observed that the fire extinguisher had expired in 2025.

**An expired fire extinguisher poses a severe, multi-layer threat to residents. In an emergency, compromised equipment can fail to suppress a fire, leaving highly vulnerable residents, who often have limited mobility or cognitive impairments at risk of severe harm and/or injury.**

## IV. RECOMMENDATION

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



05/28/2026

_____

Frodet Dawisha — Date
Licensing Consultant

Approved by:

05/28/2026

_____

Ardra Hunter — Date
Area Manager