GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 11, 2026

Benneth Okonkwo
Tender Heart Quality Care Services LLC
5083 Bedford Street
Detroit, MI 48224

RE: License #: AS820288921
**Lonia Home Care**
**2246 W. Philidelphia**
**Detroit, MI 48206**

Dear Mr. Okonkwo:

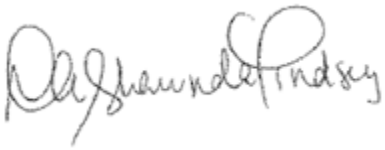
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI  48202

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

## I. IDENTIFYING INFORMATION

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|---|---|
| **License #:** | AS820288921 |
| **Licensee Name:** | Tender Heart Quality Care Services LLC |
| **Licensee Address:** | 5083 Bedford Street<br>Detroit, MI 48224 |
| **Licensee Telephone #:** | (248) 240-4413 |
| **Licensee/Licensee Designee:** | Benneth Okonkwo |
| **Administrator:** | Appolonia Okonkwo |
| **Name of Facility:** | Lonia Home Care |
| **Facility Address:** | 2246 W. Philidelphia<br>Detroit, MI 48206 |
| **Facility Telephone #:** | (313) 221-1939 |
| **Original Issuance Date:** | 03/29/2007 |
| **Capacity:** | 6 |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/10/2026

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 3
No. of residents interviewed and/or observed 5
No. of others interviewed 2 Role: Licensee designees

- 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. 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.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: SI 12/2025 641(6) and SI 05/2024 as206(2); Renewal 2024 as203(1), as318(5), as505(4), as205(3), S803(6), as403(1), as316(2), as301(4), as301(6), as312(4)(b), as312(7), and as208(1)(f) 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: | |
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| **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 notemploy or independently contract with an individual who has direct access to residents until the adult fostercare 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.** |

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| At the time of the inspection, the workforce background check portal was not updated. The following staff were listed as staff but no longer work in the facility:<br><br>Remi Ojo<br>Crystal Johnson<br>LaJae Talley<br>Adanma Ndu<br>Jasmine Henry<br>Kofoworola Adaramodu<br>Tiffany Stoutermire<br>Sonja Jackson<br>Ophelia Sumo | |
| **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:**<br>**(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.** |
| There was no verification that license designee, Benneth Okonkwo and administrator, Appolonia Okonkwo completed at least 16 hours of training in 2024. There was no verification that license designee, Benneth Okonkwo completed at least 16 hours of training in 2025.<br><br>**REPEAT VIOLATION ESTABLISHED. Renewal Licensing Study Repo rt, 08/16/2024. CAP, 08/26/2024.** | |
| **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:<br>(b) First aid. |
| At the time of the inspection, there was no verification that staff, Miracle John Mark and staff, Kimika Smith had current First Aid certification. | |
| **R 400.629** | **Direct care staff; qualifications and training.** |

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| | (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:<br>(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training. |
| At the time of the inspection, there was no verification that staff, Kimika Smith had current CPR certification. | |
| **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. |
| At the time of the inspection, there was no verification that staff, Miracle John Mark had a medical clearance within 30 days of employment.<br><br>**REPEAT VIOLATION ESTABLISHED. Renewal Licensing Study Report, 08/16/2024. CAP, 08/26/2024.** | |
| **R 400.631** | **Health screenings.** |
| | (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. |
| At the time of the inspection, there was no verification that staff, Kimika Smith had an annual review annually. | |
| **R 400.639** | **Staff records.** |
| | (1) A licensee shall maintain a record for each staff that contains all of the following:<br>(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained. |

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| At the time of the inspection, there was no verification that at least two reference checks were completed for staff, Miracle John Mark and staff, Kimika Smith.<br><br>**REPEAT VIOLATION ESTABLISHED. Renewal Licensing Study Report, 08/16/2024. CAP, 08/26/2024.** | |
| **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 the inspection, the water in the bathroom on the second level was 143 degrees Fahrenheit. The water in the bathroom on the main level was 125 degrees Fahrenheit. | |
| **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. |
| At the time of the inspection, staff initialed the medication administration record (MAR) to show administration of Metoprolol Tartate 25mg, Citalopram Hydrobromide 20mg, and Prazosin Hydrochloride 1mg to Resident A at 8am on 08/10/2026. I observed staff administered these medications to Resident A at 10:51am. | |
| **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>(b) Complete an individual medication log that contains all of the following:<br>(i) Medication name.<br>(ii) Dosage.<br>(iii) Label instructions for use.<br>(iv) Time to be administered.<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. |
| At the time of the inspection, I observed the following: | |

- Staff initialed the medication administration record (MAR) to show administration of Metoprolol Tartate 25mg, Citalopram Hydrobromide 20mg, and Prazosin Hydrochloride 1mg to Resident A at 8am on 08/10/2026. I observed staff administered these medications to Resident A at 10:51am.
- Per the bubble pack, staff administered PRN Hydroxyzine Pamoate 50mg on 08/09/2026. Staff did not initial the MAR to show administration of this medication.
- Staff did not initial the MAR to show administration of Haloperidol 10mgto Resident B at 8pm on 08/06/2026.
- Staff administered PRN Naproxen 500mg to Resident B on 08/02/2026. The time of the administration was not documented on the MAR.

**REPEAT VIOLATION ESTABLISHED. Renewal Licensing Study Report, 08/16/2024. CAP, 08/26/2024.**

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| **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. |
| At the time of the inspection, there was no verification Resident A had a health care appraisal completed within the 90-day period before admission. | |
| **R 400.685** | **Resident admission; resident assessment plan; resident care agreement; health care appraisal.** |
| | (9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary. |

<table>
<tr><td colspan="2">At time of the inspection, there was no verification that a resident care agreement completed for Resident A in 2025. In addition, Resident A’s 2026 resident care agreement was not signed by her guardian.<br><br>REPEAT VIOLATION ESTABLISHED. Renewal Licensing Study Report, 08/16/2024. CAP, 08/26/2024.</td></tr>
<tr><td>R 400.691</td><td>Resident records.</td></tr>
<tr><td></td><td>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:<br>(a) Personal information including all of the following:<br>(viii) Name, address, and contact information of identified contact or designated representative.<br>(x) Funeral provisions, preferences, and contact information.<br>(xi) Resident's religious preference.<br>(b) Date of admission.<br>(c) Date of discharge and address to where the resident moved.<br>(d) Health care information including all of the following:<br>(iv) Medical insurance.</td></tr>
<tr><td colspan="2">At the time of the inspection, I observed the following:<ul><li>The burial provisions, insurance information, religious preference and guardian information were not listed on Resident A’s information and identification form.</li><li>The date of admission, insurance information, burial provisions and guardian information were not listed on Resident B’s information and identification form.</li></ul></td></tr>
<tr><td>R 400.731</td><td>Flame-producing equipment; enclosures.</td></tr>
<tr><td></td><td>(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.</td></tr>
<tr><td colspan="2">The door that creates floor separation was not equipped with an automatic self-closing device.</td></tr>
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## IV. RECOMME6NDATION

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

08/11/2026

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DaShawnda Lindsey Date
Licensing Consultant