GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 22, 2026

Tamisha Kaplan
A Caring Home of Michigan, LLC
P.O. Box 81
Walled Lake, MI 48390

RE: License #: AS500420030
Chateau Of Macomb-Middle River
50989 Middle River Rd
Macomb, MI 48044

Dear Ms. Kaplan:

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 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 (248) 972-9136.

Sincerely,



Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 West Grand Boulevard
2nd Floor Annex, Suite 2-730
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AS500420030
Licensee Name:	A Caring Home of Michigan, LLC
Licensee Address:	45750 Eleven Mile Novi, MI 48374
Licensee Telephone #:	(248) 380-4663
Licensee/Licensee Designee:	Tamisha Kaplan,
Administrator:	Tamisha Kaplan
Name of Facility:	Chateau Of Macomb-Middle River
Facility Address:	50989 Middle River Rd Macomb, MI 48044
Facility Telephone #:	(248) 380-4663
Original Issuance Date:	03/12/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/22/2026

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 2
No. of residents interviewed and/or observed 0
No. of others interviewed N/A Role:

- 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.
  No resident was home at the time of the 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.
  none needed
- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.629	**Direct care staff; qualifications and training.**
	(7) Documentation of training must be maintained in the staff's record to determine that the training has been completed and is current.

During the onsite inspection on 9/22/26, I observed the staff files for Tierra Harris, Eden Campbell, and Shanitra Rayford did not contain the following trainings:

- Reporting requirements.
- Personal care, supervision, and protection
- Safety and fire prevention.
- Prevention and containment of communicable diseases including recognizing signs of illness.
- Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
- Nutrition and special diets.

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 onsite inspection on 9/22/26, I observed the physical health statement for Tierra Harris was not obtained within 30 days of employment start date.

R 400.637	**Handling of resident funds and valuables.**
	(2) Resident funds or valuables that have been accepted for safekeeping must be treated as a trust obligation.

During the onsite inspection on 9/22/26, I observed the resident files did not contain a valuables checklist. The checklist was left blank in both all resident files.

R 400.655	**Bathrooms.**
	(1) Bathroom and toilet amenities with windows must open easily for ventilation. Amenities without a window must have forced ventilation to the outside.

During the onsite inspection on 9/22/26, I observed the bathroom ventilation fan switch was broken.

R 400.663	**Nutrition; adoption by reference.**
	(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.

During the onsite inspection on 9/22/26, I observed the posted menu was outdated and not current.

R 400.685	**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**
	(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

During the onsite inspection on 9/22/26, I observed the Resident A’s assessment plan was not signed by the resident or the resident’s designated representative.

IV. RECOMMENDATION

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



9/22/26

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Eric Johnson Date
Licensing Consultant