GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 14, 2026

James Palmer
Covenant to Care, Inc.
44997 Coachman Ct.
Canton, MI 48187

RE: License #: AS820316698
Jacquelyn Street
28646 Jacquelyn
Livonia, MI 48154

Dear Mr. Palmer:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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,

K. Robinson

K. Robinson, MSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #:	AS820316698
Licensee Name:	Covenant to Care, Inc.
Licensee Address:	181 Dogwood Ct Canton, MI 48187
Licensee Telephone #:	(734) 228-6933
Licensee/Licensee Designee:	James Palmer
Administrator:	James Palmer
Name of Facility:	Jacquelyn Street
Facility Address:	28646 Jacquelyn Livonia, MI 48154
Facility Telephone #:	(734) 228-6933
Original Issuance Date:	03/13/2012
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/23/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 03
No. of residents interviewed and/or observed 03
No. of others interviewed 01 Role: Licensee designee

- 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.
- 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: 10/9/24: 312(4)(b), 315(3), 318(5), 208(1)(f), 205(3), 205(5), 207(2), 734(b)(2), 204(3)(d), 507(5), 503(1), 408(4), and 403(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:

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.**

(10) An adult foster care facility or staffing agency shall use criminal history record information obtained under subsection (3), (4), or (5) only for the purpose of evaluating an individual's qualifications for employment in the position for which he or she has applied and for the purposes of subsections (6) and (8). An adult foster care facility or staffing agency or an employee of the adult foster care facility or staffing agency shall not disclose criminal history record information obtained under this section to a person who is not directly involved in evaluating the individual's qualifications for employment or independent contract. An individual who knowingly uses or disseminates the criminal history record information obtained under subsection (3), (4), or (5) in violation of this subsection is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than $1,000.00, or both. Except for a knowing or intentional release of false information, an adult foster care facility or staffing agency has no liability in connection with a criminal history check conducted in compliance with this section or the release of criminal history record information under this subsection.

On the day of inspection, licensee designee, James Palmer reported there are currently 7 direct care staff assigned to work at the facility. On 9/4/26, I reviewed the facility's criminal history activity using the department's Workforce Background Check (WBC) portal and determined there are 14 members listed as "hired" and 3 additional members listed with "pending" results. Therefore, Mr. Palmer is not in compliance with background checks as there are multiple active employees that no longer work at the facility, which could result in the licensee receiving rap backs or criminal history for individuals they no longer employ and do not have a right to receive that information.

It should also be noted that Mr. Palmer submitted a Workforce Background Check Facility Response via email on 1/7/26 with a statement that he "resigned all employees no longer working at the facility; resigned all ineligible individuals and no ineligible individuals work at the facility; input hiring decisions for all pending hiring decisions." This information is contrary to the systems information provided by the WBC portal.

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:
(b) First aid.

Direct care staff, Monea Mims and Deja Strickland's employee records did not contain verification of First aid training. Mr. Palmer stated he did not bring Monea's master file to today's inspection because she typically works in the capacity of management, but she will cover shifts at the home as needed. Therefore, Monea does require an active employment record with the required direct care staff training.

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:
(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

Direct care staff, Monea Mims' employee record did not contain verification of CPR training. Mr. Palmer stated he did not bring Monea's master file to today's inspection.

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:

(d) Personal care, supervision, and protection.

R 400.14204 (3) 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 competent before performing assigned tasks, which shall include being competent in all of the following areas:

(d) Personal care, supervision, and protection.

Direct care staff, Monea Mims, Deja Strickland, and Victoria Jenkins' employee records do not contain verification of training in Personal care, supervision, and protection.

This is a **REPEAT VIOLATION**; Rule 400.629 is the updated rule for 400.14204 promulgated on 11/03/25. See Renewal LSR dated 9/29/24. Mr. Palmer submitted an approved corrective action plan to address the violation on 10/9/24; however, he has not successfully implemented the plan as evidenced by the repeat violation.

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.

R 400.14205 (3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other

employees, and members of the household. The statement shall be obtained within 30 days Of an individual's employment, assumption of duties, or occupancy in the home.

Direct care staff, Deja Strickland's "Work Physical and TB Test Report" (Pre Hire Physical Exam) is dated 7/15/25. Deja's date of hire is written as 4/20/26. Therefore, Mr. Palmer failed to obtain a physician statement that attests to Deja's health status, which is dated within 30 days of her employment start date.

This is a **REPEAT VIOLATION**; Rule 400.631 is the updated rule for 400.14205 promulgated on 11/03/25. See Renewal LSR dated 9/29/24. Mr. Palmer submitted an approved corrective action plan to address the violation on 10/9/24; however, he has not successfully implemented the plan as evidenced by the repeat violation.

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.

Mr. Palmer failed to annually review the health status of direct care staff, Monea Mims and Victoria Jenkins. Monea was hired on 7/23/24; she has no annual health review statement on file for 2025 or 2026. Victoria was hired on 1/29/25; she has no annual health review statement on file for 2026.

R 400.631 Health screenings.

(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.

Direct care staff, Monea Mims had no baseline screening for communicable diseases on file on the day of inspection. Mr. Palmer stated he did not bring Monea's master file to the inspection.

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.

R 400.14315 (3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A and B do not have completed resident's funds and valuables transaction form on file. Mr. Palmer stated he has not received payment for Resident A since she entered the home. Mr. Palmer offered no explanation for Resident B's missing funds records. It should also be noted that Mr. Palmer failed to produce Resident Funds records for Resident B at the 2024 renewal inspection. Therefore, despite being aware that resident fund records were indeed required for Resident B, Mr. Palmer continued to remain in noncompliance for an additional 2 years by not completing Resident Funds II forms.

This is a **REPEAT VIOLATION**; Rule 400.637 is the updated rule for 400.14315 promulgated on 11/03/25. See Renewal LSR dated 9/29/24. Mr. Palmer submitted an approved corrective action plan to address the violation on 10/9/24; however, he has not successfully implemented the plan as evidenced by the repeat violation.

R 400.639 **Staff records.**

(1) A licensee shall maintain a record for each staff that contains all of the following:
(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

R 400.14208 (1) A licensee shall maintain a record for each employee. The record shall contain all Of the following employee information:
(f) Verification of reference checks.

Mr. Palmer did not provide verification of reference checks completed for direct care staff, Monea Mims and Victoria Jenkins. Without prompting, Mr. Palmer emailed me after the inspection on 9/23/26 at 4:54PM with 2 copies of Monea's Request for Employment Reference; however, these forms had not been completed, which further demonstrates Mr. Palmer failed to verify staff references.

This is a **REPEAT VIOLATION**; Rule 400.639 is the updated rule for 400.14208 promulgated on 11/03/25. See Renewal LSR dated 9/29/24. Mr. Palmer submitted an approved corrective action plan to address the violation on 10/9/24; however, he has not successfully implemented the plan as evidenced by the repeat violation.

R 400.647 **Safety and maintenance of premises.**

(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.

Observed Resident A and C's dressers were missing several knobs/handles.

R 400.655 Bathrooms.

(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.

Observed locking against egress hardware on 1 of 2 bathroom doors in the shared Jack & Jill bathroom.

R 400.671 Resident care.

(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.

R 400.14303 (2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.

Resident B requires 1:1 staffing due to having a history of elopement and self-harm behaviors. On the day of inspection, I observed staff members, Timika Adams, Victoria Jenkins, and Latia Wilson gather in the kitchen area for extended periods. However, when I conducted my walk-through of the facility, I observed Victoria sitting in a chair inside Resident B's bedroom. I asked Resident B if staff routinely sit with her and Resident B responded, "No," indicating 1:1 supervision is not provided as required. Mr. Palmer emailed me later that day to report Latia Wilson was only on the premises to assist with the inspection records; therefore, Latia should not be considered in the staff to resident ratio.

This is a **REPEAT VIOLATION**; Rule 400.671 is the updated rule for 400.14303 promulgated on 11/03/25. See Special Investigation Report # 2023A0121042. On 11/2/23, Mr. Palmer submitted an approved corrective action plan to address the rule violation; however, to date, the plan has not been successfully implemented as evidenced by the repeat violation..

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:

(a) Be trained in the proper handling and administration of medication.

Direct care staff, Monea Mims, Deja Strickland, and Victoria Jenkins were all missing verification of medication administration training in their respective employee records. Mr. Palmer acknowledged that all 3 staff members do administer resident medication.

Mr. Palmer was not able to locate a copy of these training certificates during the inspection; however, he stated that all 3 staff received medication training in November 2025. After the inspection was completed, without prompting, Mr. Palmer emailed me at 4:54PM the medication certificates for Monea and Victoria. To date, Deja has no verification of medication administration training.

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:
(i) Medication name.
(ii) Dosage.
(iii) Label instructions for use.
(iv) Time to be administered.
(v) Initials of the individual who administered the medication at the time given.
(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

R 400.14312

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply With all Of the following provisions:
(b) Complete an individual medication log that contains all Of the following information:
(i) The medication.
(ii) The dosage.
(iii) Label instructions for use.
(iv) Time to be administered.
(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
(vi) A resident's refusal to accept prescribed medication or procedures.

Upon review of the medication records, I observed Medication Administration Records (MARs) with the following errors:

- Resident A's July 2025 MAR does not include the time of day or complete label instructions for Prozac 90mg; Metformin 500mg is missing the time to be administered.
- Resident B's March 2025 MAR has backwards slash marks written in lieu of staff initials on 3/2/25 - 3/4/25. There is no written explanation on the back of the MAR detailing what the slashes represent.
- Resident B's June 2025 MAR has staff initials TH signing out resident medication on a day that doesn't exist, June 31, 2025.
- Resident B's Depakote ER 250mg was not signed out as having been administered by staff at 2:00PM on 6/7/25 and 2:00PM on 9/26/25.
- Resident C's February 2026 MAR does not include the label instructions for use of Metformin 500mg, Glimepiride 2mg, Clozapine 100mg, Trazadone 100mg, Clonidine 0.2mg, Benztropine 1mg, Clozapine 100mg + 50mg, and Desmopressin 2mg.

This is a **REPEAT VIOLATION**; Rule 400.675 is the updated rule for 400.14312 promulgated on 11/03/25. See Renewal LSR dated 9/29/24. Mr. Palmer submitted an approved corrective action plan to address the violation on 10/9/24; however, he has not successfully implemented the plan as evidenced by the repeat violation.

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.

At the time of inspection, Resident B's record did not include a 2026 annual Assessment Plan. Without prompting, Mr. Palmer emailed me later that day at 4:57PM with a signed copy of the plan.

Resident A's 9/23/25 and 9/21/26 Assessment Plans are incomplete as they do not include a current list of resident medication as required.

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.

At the time of inspection, Resident B's record did not include a 2026 Resident Care Agreement or a statement that no changes were necessary. Without prompting, Mr. Palmer emailed me the following day on 9/24/26 at 11:54AM with a signed copy of the agreement. This agreement is dated 9/23/26 which suggests it was completed only after the inspection commenced.

R 400.691 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:
(g) Admission and monthly weight record.

I observed Resident A's weight records had been falsified based on the fact that the resident was placed in the home on 7/29/25, yet there were weights recorded prior to the placement on 5/6/25, 6/7/25, and 7/6/25.

R 400.701 Required personnel policies.

(2) Written policies and procedures must be given to staff and volunteers at the time of hire or appointment. A verification of receipt of the policies and procedures must be maintained in the individual's personnel record.

R 400.14207 (2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

Direct care staff, Monea Mims, Deja Strickland, and Victoria Jenkins all lack verification of receipt of policies and procedures.

This is a **REPEAT VIOLATION**; Rule 400.701 is the updated rule for 400.14207 promulgated on 11/03/25. See Renewal LSR dated 9/29/24. Mr. Palmer submitted an approved corrective action plan to address the violation on 10/9/24; however, he has not successfully implemented the plan as evidenced by the repeat violation.

R 400.731 Flame-producing equipment; enclosures.

(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.

Observed there is no fire door at the top or bottom of the basement stairs to create floor separation.

On 9/29/26, I completed an exit conference with licensee designee, James Palmer. I shared the findings and recommendation of the department pursuant to the most recent renewal inspection. Mr. Palmer stated, “It’s on me and I accept responsibility for it.” Mr. Palmer would like the department to reconsider its recommendation. However, I informed Mr. Palmer that would not be likely considering he’s a seasoned licensee with full knowledge of the licensing requirements, yet he did not comply with the set rules nor implement the previous corrective action plan he submitted in 2024. Based on these findings, I determined Mr. Palmer’s actions were willful and substantial with special emphasis on the repeat violations.

IV. RECOMMENDATION

Refusal to renew the license is recommended.



09/29/26

Kara Robinson Date
Licensing Consultant

Approved by:



10/01/26

Ardra Hunter Date
Area Manager