GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 16, 2026

Anthony Ezeanya
Acon Services, Inc.
6481 Royal Pointe
West Bloomfield, MI 48322

RE: License #: AS820284114
Prevost AFC Home
17126 Prevost St.
Detroit, MI 48235

Dear Anthony Ezeanya:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

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,

Regina Buchanan

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #:	AS820284114
Licensee Name:	Acon Services, Inc.
Licensee Address:	17126 Prevost St. Detroit, MI 48235
Licensee Telephone #:	(313) 340-2500
Licensee/Licensee Designee:	Anthony Ezeanya
Administrator:	Anthony Ezeanya
Name of Facility:	Prevost AFC Home
Facility Address:	17126 Prevost St. Detroit, MI 48235
Facility Telephone #:	(313) 340-2500
Original Issuance Date:	08/09/2007
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/10/2026

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 1
No. of residents interviewed and/or observed 0
No. of others interviewed 0 Role: N/A

- 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 residents had already eaten.
- 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
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
  11/07/2024/Rules: 301(4), 301(6) 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:

R 400.647 Safety and maintenance of premises.

(14) Handrails and nonskid surfacing must be installed in showers and bath areas.

The upstairs bathroom was not equipped with a handrail in the shower area.

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.

Resident A's Clozapine was not initialed to verify administration on 08/30/2026 and 08/31/2026.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(8) A resident care agreement must be signed by all applicable parties. A copy of the signed resident care agreement along with copies of the policies listed in subrule (6) of this rule must be provided to the resident or the resident's designated representative and maintained in the resident's record.

Resident A did not have a Resident Care Agreement on file that was completed at the time of admission. She was admitted 08/01/2025 and her Resident Care Agreement was dated 01/16/2026.

REPEAT VIOLATION {RENEWAL INSPECTION 11/07/2024 AND 11/09/20222}

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



_____11/16/2026

Regina Buchanan Date
Licensing Consultant