



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 30, 2024

Theodore DeVantier  
Macomb Residential Opportunities Inc.  
Suite #102  
14 Belleview  
Mt. Clemens, MI 48043

RE: License #: AS580012157  
**Detroit Beach**  
**3125 Second Street**  
**Monroe, MI 48161**

Dear Mr. DeVantier:

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,

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
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(313) 319-9682

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

**I. IDENTIFYING INFORMATION**

**License #:** AS580012157

**Licensee Name:** Macomb Residential Opportunities Inc.

**Licensee Address:** Suite #102  
14 Belleview  
Mt. Clemens, MI 48043

**Licensee Telephone #:** (586) 469-4480

**Licensee/Licensee Designee:** Theodore DeVantier

**Administrator:** Elizabeth Wilkerson

**Name of Facility:** Detroit Beach

**Facility Address:** 3125 Second Street  
Monroe, MI 48161

**Facility Telephone #:** (734) 289-4620

**Original Issuance Date:** 10/19/1992

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/23/24

Date of Bureau of Fire Services Inspection if applicable: 01/23/24

Date of Environmental/Health Inspection if applicable: 01/23/24

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- 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: 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 330.1803**

#### **Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:**  
**(a) Improve the score to at least the "slow" category.**

At the time of inspection, I observed that no evacuation assessments were completed within 30 days of Resident A's admission into the home. Resident A was admitted on 08/21/23.

#### **R 400.14205**

#### **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

At the time of inspection, 1 of 3 employee records reviewed did not contain annual health reviews for 2022 and 2023.

#### **R 400.14401**

#### **Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. 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 faucet.**

At the time of inspection, the hot water in the kitchen and bathroom tested at 129.7 degrees Fahrenheit.

**R 400.14403          Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection, I observed the front wheelchair ramp to have loose boards in a couple areas while walking up and down the ramp. The loose boards need to be replaced if rotted or secured/tightened if not. Additionally, there is an area at the beginning of the ramp that is no longer level and is a trip hazard. Further, there needs to be a gate attached in the front of the ramp that leads to the front steps to prevent the potential of a resident falling down the stairs of the porch, whether walking or in a wheelchair.

**R 400.14403          Maintenance of premises.**

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

At the time of inspection, I observed the front porch did not have a handrail on both open sides.

**IV. RECOMMENDATION**

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



Pandrea Robinson  
Licensing Consultant

01/30/24  
Date