

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 15, 2024

Angela Cohill Lionessden Homes LLC 5012 S. Martindale Detroit, MI 48204

RE: License #: AS820415314

Lionessden Homes 3625 S. Annabelle Detroit, MI 48217

Dear Angela Cohill:

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. A six-month provisional license is recommended.

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, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3029

Regina Buchanon

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

I. IDENTIFYING INFORMATION

License #: AS820415314

Licensee Name: Lionessden Homes LLC

Licensee Address: 5012 S.Martindale

Detroit, MI 48204

Licensee Telephone #: (313) 978-2779

Licensee/Licensee Designee: Angela Cohill

Administrator: Angela Cohill

Name of Facility: Lionessden Homes

Facility Address: 3625 S. Annabelle

Detroit, MI 48217

Facility Telephone #: (313) 406-4323

Original Issuance Date: 11/27/2023

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): N/A	
Date	e of Bureau of Fire Services Inspection if applicable:	N/A
Date	e of Health Authority Inspection if applicable:	N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A	0
•	Medication pass / simulated pass observed? Yes No residents Medication(s) and medication record(s) reviewed? Yes No residents	
•	Residents Resident funds and associated documents reviewed Yes No If no, explain. No residents Meal preparation / service observed? Yes No No residents	
•	Fire drills reviewed? Yes \(\subseteq \text{No } \subseteq \text{If no, explain.} \) No residents	
•	Fire safety equipment and practices observed? Yes No residents	☐ No ☑ If no, explain.
	E-scores reviewed? (Special Certification Only) Yes If no, explain.	☐ No ☐ N/A ⊠
	Water temperatures checked? Yes ☐ No ☒ If no, No residents	explain.
	Incident report follow-up? Yes \square No \boxtimes If no, explanation	ain.
•	Corrective action plan compliance verified? Yes ☐ N/A ☒	CAP date/s and rule/s:
•	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:

400.713(3)

License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

- a. The financial stability of the facility.
- b. The applicant's compliance with this act and rules promulgated under this act.
- c. The good moral character of the applicant, or owners, partners, or directors of the facility, if other than an individual. Each of these persons shall be not less than 18 years of age.
- d. The physical and emotional ability of the applicant, and the person responsible for the daily operation of the facility to operate an adult foster care facility.

The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the

facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.

I am unable to investigate the activities and standards of care because no residents have been admitted to the home since the issuance of the license on 11/27/2023.

IV. RECOMMENDATION

1.

An acceptable corrective action plan has been received. Issuance of a provisional license is recommended.

Regina Buchanon		
	05/15/2024	
Regina Buchanan	Date	
Licensing Consultant		

Approved by:

______05/15/2024
Ardra Hunter Date
Area Manager