



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 6, 2024

Princess Kennedy  
Asanpee Care  
PO Box 871665  
Canton, MI 48187

RE: License #: AS820286497  
**Princess Home**  
**29605 Glenwood**  
**Inkster, MI 48141**

Dear Princess Kennedy:

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 black ink that reads "Regina Buchanan". The signature is written in a cursive, flowing style.

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820286497

**Licensee Name:** Asanpee Care

**Licensee Address:** 28545 Ford Rd.  
Garden City, MI 48135

**Licensee Telephone #:** (313) 522-9587

**Licensee/Licensee Designee:** Princess Kennedy

**Administrator:** Princess Kennedy

**Name of Facility:** Princess Home

**Facility Address:** 29605 Glenwood  
Inkster, MI 48141

**Facility Telephone #:** (313) 522-9587

**Original Issuance Date:** 12/27/2006

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/04/2024

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 5

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.
- 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:  
11/25/2022 Rules:803(1),803(6),204(3),210,401(2),403(1),510(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:

**R 330.1803 Facility environment; fire safety.**

**(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.**

Three of the smoke detectors were missing and could not be located. They were reportedly taken down by one of the residents. Therefore, I was unable to verify that they were still interconnected.

**REPEAT VIOLATION {RENEWAL INSPECTION 11/18/2022}**

**R 330.1803 Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.**

Fire drills for the year 2023 were not completed as required. Only two daytime drills and only three sleeping drills were completed.

**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.**

Resident A was admitted to the facility on 08/08/2024 and an evacuation assessment was not completed within 30 days of admission. There was none on file for the year 2024.

**REPEAT VIOLATION {RENEWAL INSPECTION 11/18/2022}**

**R 400.14203 Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

The licensee designee did not have available verification of completion of the required annual training hours.

**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.**

The refrigerator and freezer in the kitchen were not equipped with thermometers.  
The exhaust in the main bathroom did not work.  
The door handle inside the main bathroom did not have a handle.  
The rear porch deck had loose wooden slacks and a loose stair.

**REPEAT VIOLATION {RENEWAL INSPECTION 11/18/2022}**

**R 400.14408 Bedrooms generally.**

**(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged,**

**permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.**

Bedroom #1, located to the left of the main bathroom, was equipped with locking-against-egress hardware.

**R 400.14507            Means of egress generally.**

**(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.**

The rear egress door was equipped with locking-against-egress hardware.

**REPEAT VIOLATION {RENEWAL INSPECTION 11/04/2020}**

**R 400.14510            Heating equipment generally.**

**(5) Portable heating units shall not be permitted.**

A portable heater was observed in the rear bedroom.

**REPEAT VIOLATION {RENEWAL INSPECTION 11/18/2022}**

#### **IV. RECOMMENDATION**

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



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Regina Buchanan  
Licensing Consultant

11/06/2024  
Date