



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 11, 2024

Vincent Anwunah  
ChiCares Assisted Living LTD  
46908 Wareham Drive  
Canton, MI 48187

RE: License #: AS820295443  
**Five C's Manor**  
**24476 Schoolcraft**  
**Redford, MI 48239**

Dear Vincent Anwunah:

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 cursive script that reads "Regina Buchanan".

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**

<b>License #:</b>	AS820295443
<b>Licensee Name:</b>	ChiCares Assisted Living LTD
<b>Licensee Address:</b>	46908 Wareham Drive Canton, MI 48187
<b>Licensee Telephone #:</b>	(313) 408-3227
<b>Licensee/Licensee Designee:</b>	Vincent Anwunah
<b>Administrator:</b>	Chinyelu Anwunah
<b>Name of Facility:</b>	Five C's Manor
<b>Facility Address:</b>	24476 Schoolcraft Redford, MI 48239
<b>Facility Telephone #:</b>	(313) 408-3227
<b>Original Issuance Date:</b>	07/31/2008
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/09/2024

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 2

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.  
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:  
12/17/2022 Rules: 403 (1), and 407 (3) 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.**

The smoke alarms, when tested, were not audible in all areas.

**R 400.14208**

**Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(a) Name, address, telephone number, and social security number.**

**(b) The professional or vocational license, certification, or registration number, if applicable.**

**(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.**

**(d) Verification of the age requirement.**

**(e) Verification of experience, education, and training.**

**(f) Verification of reference checks.**

**(g) Beginning and ending dates of employment.**

**(h) Medical information, as required.**

**(i) Required verification of the receipt of personnel policies and job descriptions.**

Staff, Grace Umunnakwe, did not have on file verification of updated recipient rights training and a physical health statement. Her last recipient rights training was dated for 08/28/2023 and her last physical health statement was dated for 08/01/2022.

**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.**

The hot water temperature was 123 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.**

The doors to bedrooms two and six did not latch when closed.

**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

12/11/2024  
Date