



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 7, 2025

AMENDED REPORT

Marcel Elanjian
Marcel Elanjian, D.O., PLLC
2151 Monroe Street
Dearborn, MI 48124

RE: License #: AS820399540
The Zabelle Home
651 Woodcrest
Dearborn, MI 48124

Dear Dr. Elanjian:

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.

A six-month provisional is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

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

I. IDENTIFYING INFORMATION

License #:	AS820399540
Licensee Name:	Marcel Elanjian, D.O., PLLC
Licensee Address:	2151 Monroe Street Dearborn, MI 48124
Licensee Telephone #:	(313) 561-6060
Licensee/Licensee Designee:	Marcel Elanjian
Administrator:	Tanya Clemons
Name of Facility:	The Zabelle Home
Facility Address:	651 Woodcrest Dearborn, MI 48124
Facility Telephone #:	(248) 416-0781
Original Issuance Date:	03/17/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/13/2024 & 10/18/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed Role:

- 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.
N/A
- 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 found to be in non-compliance with the following rules:

R 400.14103 Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.

(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.

Resident C's bedroom was moved to an area of the home that is not an approved resident bedroom. The area that Resident C was moved to is a large room on the north side of the home. According to the floor plan this room is identified as the office.

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.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

Licensee designee, Marcel Elanjian and administrator, Literia McGrew did not complete the required annual training. **REPEATED VIOLATION.** Licensing Study Report dated 09/30/2022, Corrective Action Plan dated 10/31/2022

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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff,

other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Direct care staff Krystal Zackary did not have a TB test result before employment or assumption of duties. Ms. Zackary's date of hire is 07/07/2024. Ms. Zackary's TB test is dated 07/17/2024.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

A licensee shall not accept, retain, or care for a resident who requires continuous nursing care. This does not preclude the accommodation of a resident who becomes temporarily ill while in the home, but who does not require continuous nursing care.

Marcel Elanjian is accepting and retaining residents for care who require continuous nursing care. Pursuant to the Department's Adult Foster Care Group Homes Technical Assistance Manual "continuous nursing care is defined as requiring a nurse's presence to provide ongoing nursing assessments, judgement and or interventions. This does not preclude the provision of licensed hospice care. Regardless of a resident's condition, the licensee and staff must be able to meet the needs of all residents, including emergency evacuation from the home."

On 09/13/2026, I reviewed the resident records. Resident E does not appear to be in need of skilled nursing care. He is ambulatory and uses a cane. According to his assessment plan he can move independently in the community, and he is capable of performing all activities of daily living. However, according to the other residents' health care appraisals and assessment plans. Residents A, B, C, and D are totally dependent on a ventilator. Residents A, B and C are connected to their ventilator via a breathing tube. The resident assessment plans also indicate that their medications are administered by the "nurse/DCW", and the residents funds and valuables forms indicate that the insurance company is being billed for nursing care services. The resident's funds and valuable forms also indicate that Marcel Elanjian is billing the insurance company for the occupational therapy and physical therapy services he is providing at the home. Furthermore, the residents' health care appraisals state Marcel Elanjian is also their primary care physician.

On 09/13/2024, I reviewed the employee records. According to the employee records the home manager, Literia McGrew, who is a licensed practical nurse, trains the direct care staff who may or may not be a nurse, in tube feeding management, ventilator monitoring, tracheostomy care and suctioning. The residents also have catheters and oxygen tanks. However, the employee records do not indicate any training for the catheters and oxygen tanks that are used in the home.

On 10/18/2024, I interviewed direct care staff (DCS)1. DCS 1 stated that she has been employed at this home for one year. DCS 1 stated that she is a licensed practical nurse. DCS 1 further stated a nurse is always present on every shift.

On 10/23/2024, I spoke with Resident A's guardian. Resident A's guardian stated that her daughter requires 24 hours nursing care. Resident A's guardian stated that her daughter was placed in the Zabelle Home after she was discharged from Rainbow Rehabilitation Centers. Resident A's guardian stated her daughter could not stay at Rainbow because her ventilator requires 24 hours nursing care.

On 10/24/2024, I spoke with Mia Francis a claims adjuster at Allstate Insurance Company. Ms. Francis stated the Zabelle Home is billing for nursing care because the residents require 24 hours skilled nursing care.

On 10/25/2024, I spoke with Resident B's and C's guardian. They both stated that their ward is receiving 24 hours nursing care at the Zabelle Home. Resident B's

guardian stated she knows that a nurse is always present in the home because she does unannounced visits to make sure a nurse is there.

On 10/25/2024, I spoke with Allisson Peltó. Ms. Peltó works at Neuro Restorative Michigan, formerly Rainbow Rehabilitation Centers. Ms. Peltó stated she worked with Resident A for six years. During those years Resident A's health continued to decline. Her doctor recommended hospice/comfort care. However, Resident A's guardian stated as long as Resident A was responsive, she would keep her alive. Resident A was put on a ventilator. Ms. Peltó stated since Rainbow is in the business of adult foster care, 24 hours skilled nursing cannot be provided. Therefore, Resident A had to be discharged.

On 11/06/2024, I received a telephone call from Riley Basinski. Ms. Basinski works in the Special Investigation Unit at Allstate Insurance Company. She wanted to make sure that 24-hour skilled nursing is being provided at the Zabelle Home and she inquired about the quality of the medical care being provided. I informed her that continuous nursing care is prohibited in adult foster care homes, and that I am unable to determine who is regulating the medical care being provided in this home; Marcel Elanjian is the licensee designee and the primary care physician for the residents.

On 11/19/2024, I received another telephone call from Ms. Basinski inquiring about the outcome of the inspection and I informed her the matter is pending. I asked Ms. Basinski why 24-hour skilled nursing care is required for her residents residing in the Zabelle Home. Ms. Basinski stated that the residents are in a vegetated state and on a ventilator. A nurse must be available to monitor the ventilator and intervene when a medical emergency arises. Ms. Basinski stated individuals in a vegetated state would never be sent to a private residence with a ventilator.

On 11/21/2024, I spoke with Ben Czapiewski an auto insurance adjuster at Michigan Property and Casualty Guaranty Association. Mr. Czapiewski confirmed what I observed, Resident E does not require skilled nursing care. Mr. Czapiewski stated he was suspicious about this group home for two reasons, they kept billing for services that should be included in the payment for adult foster care, assistance with meals and toileting, administering medications, chores, blood pressure, temperature, preparing meals. Mr. Czapiewski further stated the checklist the Zabelle Home uses for billing, was also a red flag. He stated that some of the other services listed on the checklist the Zabelle Home uses for billing are skilled nursing, CAN, bedbound, oxygen, respirator, feeding tube, trach, injections and catheter.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(1) A licensee shall have a written emergency procedure and evacuation plan to be followed in case of fire, medical, or severe weather emergencies. The evacuation plan shall be prominently

posted in the home. Residents who require special assistance shall be identified in the written procedure.

The evacuation plan, which at a minimum shall include a floor plan that specifies the locations of evacuation routes and the exiting route to be followed in case of fire, is not posted in the home.

R 400.14401 Environmental health.

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

On 09/13/2024, I conducted an onsite inspection. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall have a screen, however, the bathroom window was open and did not have a screen.

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.

The front porch did not have handrails on the open sides.

R 400.14408 Bedrooms generally.

(3) Bedrooms for residents shall be separated from halls, corridors, and other rooms by floor-to-ceiling walls that do not have openings, except for doorways.

Resident C's bedroom has a panel partition wall down the middle of the floor to create two rooms. The partition is not a floor to ceiling wall between the 2 rooms.

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.

Resident C's bedroom has two french doors. The french doors are not equipped with positive-latching, non-locking-against-egress hardware. At the top of the french doors there is latching hardware.

R 400.14410 Bedroom furnishings.

(1) The bedroom furnishings in each bedroom shall include all of the following:

(d) At least 1 chair.

Bedroom furnishings in each bedroom did not include at least 1 chair.

R 400.14410 Bedroom furnishings.

(1) The bedroom furnishings in each bedroom shall include all of the following:

A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

Bedroom furnishings in each bedroom did not include a mirror that is appropriate for grooming.

R 400.14505 Smoke detection equipment; location; battery replacement. testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.

(2) Approved heat detectors may be installed in place of smoke detectors in the kitchen or bathroom and in other areas of the home that contain flame- or heat producing equipment.

An approved heat or smoke detector was not installed in the kitchen.

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance

rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

According to the Original Licensing Study Report, floor separation was achieved by installing a 1 3/4-inch solid core wood door or its equivalent to create a floor separation between the basement and the first floor. However, if the furnace is in an enclosure the enclosure must comply with the enclosure rules. The automatic closure on the heat plant door is broken.

R 400.14511 Flame-producing equipment; enclosures.

(3) A permanent outside vent that cannot be closed shall be incorporated in the design of heating plant rooms so that adequate air for proper combustion is assured.

The heat plant enclosure does not have a permanent outside vent.

R 400.14511 Flame-producing equipment; enclosures.

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

Combustible materials were being stored in the heat plan enclosure with heating equipment.

R 400.14201 Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.

(2) A licensee shall have the financial and administrative capability to operate a home to provide the level of care and program stipulated in the application.

Marcel Elanjian has not demonstrated compliance with the Act and administrative rules. On 08/15/2024, the department received an on-line application from Marcel Elanjian. When a licensee and or applicant submit an application, they attest to the following:

I have read 1979 PA 218 and the Administrative Rules regulating the operation of Adult Foster Care Facilities. If granted a license I will comply with the Act and these Rules.

Even though Marcel Elanjian agreed to comply with the rules he willfully and substantially violated them. Marcel Elanjian is providing a level of care that exceeds

what is stipulated in the application, program statement, and admission/discharge policy.

According to Marcel Elanjian's program statement, "Residents who are admitted to the Zabelle Home, are required to be semi-ambulatory, being able to exit the home in the event of an emergency without the use of a wheelchair, and with minimal staff assistance or guidance. Each resident will be evaluated for her/his self-evacuation capabilities prior to admission." However, four out of five residents are bedbound and require the use of a mechanical lift to be moved. The program statement also indicates some of the in-home services offered by the home in addition to personal care, supervision and protection are, an opportunity for the residents to develop positive social skills, an opportunity for community-based recreational activities, an opportunity for privacy and leisure time, and an opportunity for religious education and attendance at religious services of the resident's choice. However, the services that were being provided in this home and the services this home was receiving compensation for are similar to services provided in a long-term care facility such as skilled nursing care, medical supplies, respiratory therapy, occupational and physical therapy.

Furthermore, residents are expected to the best of their present ability, to participate in certain housekeeping functions while in the home. Such functions may include but are not limited to making and/or changing their bed, assisting in keeping their room reasonably clean and well organized and other light housekeeping duties, washing dishes, vacuuming, assisting in meal preparation.

The services described in Marcel Elanjian's application, program statement, and admission/discharge policy are incompatible with the population he is serving. The services he is providing and billing for is skilled 24 hour nursing care and exceeds what is documented in his program statement in violation of R. 103(5)- "An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with the application for a license, including any changes in the household and in personnel-related information, within 5 days after the changes occurs." Marcel Elanjian did not submit a request to modify services being provided as documented in his application, program statement, and admission/discharge policy.

Marcel Elanjian and administrator, Literia McGrew did not complete the required annual training, which is a repeat violation from Licensing Study Report dated 09/30/2022, Corrective Action Plan dated 10/31/2022.

Therefore, it is concluded that Marcel Elanjian lacks administrative capability to operate a home to provide the level of care and program stipulated in the application.

On 11/07/2024, I conducted an exit conference with the licensee designee, Marcel Elanjian. Marcel Elanjian stated he is not providing continuous nursing care because he is going to change the residents skilled nursing care to less than 24 hours. Marcel Elanjian stated the violation is unfair because he is providing good care. Marcel Elanjian inquired about how he could continue to operate his home without changing the level of care he is providing. Marcel Elanjian asked, "Can I operate as a supervised independent living home?"

On 12/06/2024, I conducted a second exit conference with Marcel Elanjian to discuss new information. Marcel Elanjian and I discussed each rule violation. Marcel Elanjian did not dispute the findings. Marcel Elanjian stated this matter is a mess and that he will get with his team to get it resolved.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



Edith Richardson
Licensing Consultant

12/09/2024
Date

Approved by:



Ardra Hunter
Area Manager

12/09/2024
Date

April 8, 2025

LICENSING STUDY REPORT ADDENDUM

I. IDENTIFYING INFORMATION

License #: AS820399540

Licensee Name: Marcel Elanjian, D.O., PLLC

Licensee Address: 2151 Monroe Street
Dearborn, MI 48124

Licensee Telephone #: (313) 561-6060

Licensee/Licensee Designee: Marcel Elanjian, Licensee

Administrator: Tanya Clemons

Name of Facility: The Zabelle Home

Facility Address: 651 Woodcrest
Dearborn, MI 48124

Facility Telephone #: (248) 416-0781

Original Issuance Date: 03/17/2020

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. PURPOSE:

The licensee failed to submit an acceptable corrective action plan (CAP); therefore, I am amending the recommendation for the status of the license.

III. METHODOLOGY:

12/18/2024	Contact - Document Sent Renewal Licensing Study Report
12/18/2024	Corrective Action Plan (CAP) Request and due on 01/09/2025
01/07/2025	Contact – Document received Partial CAP
01/08/2025	Contact – Document received CAP
01/09/2025	Contact - Document sent CAP disapproved letter

01/17/2025	Contact – Document received CAP
02/12/2025	Contact – Document sent CAP disapproved letter
02/20/2025	Contact – Document received Licensee's written request for a hearing to contest the department's definition of continuous nursing care.
02/25/ 2025	Contact – Telephone call received voice mail message left Licensee Dr. Marcel Elanjian
02/25/2025	Contact – Telephone call made Dr. Elanjian

IV. DESCRIPTION OF FINDINGS(S)

The licensing recommendation to modify the license to a provisional license was contingent upon receipt of an acceptable corrective action plan. The licensee Dr. Marcel Elanjian did not submit an acceptable corrective action plan (CAP).

On 01/08/2025, Dr. Elanjian, submitted a CAP in response to the Renewal Licensing Study Report dated 12/09/2025. The CAP was not approved for the following reasons:

1. The following violations were not addressed: Licensing rules 301(1), 401(7), 403(8), 408(3), 408(4), 410(1), 410(2), 505(2), 511(2), 511(3), 511(4) and 201(2).
2. The licensee did not provide a written statement regarding his willingness to accept or reject the issuance of a provisional license.

On 01/17/2025, Dr. Elanjian submitted a revised corrective action plan. The CAP was not approved for the following reasons:

1. Licensing rules 103 (5) and 205 (5) contain a written response. A written response is not part of a corrective action plan. Pursuant to Rule 400.1403 (8), "A licensee or an applicant shall have the right to provide a written response to the findings of the licensing representative or other department official if a licensing investigation report or a complaint investigation report is issued. The written response shall become a part of the department's official licensing record and shall be public information according to the provisions of Act No. 442 of the Public Acts of 1976, as amended, being S15.231 et seq. of the Michigan Compiled Laws, and the act."
2. Regarding licensing rule 301 (1), the proposed methods of correction will not

achieve compliance. Pursuant to the Department's Adult Foster Care Group Homes Technical Assistance Manual "continuous nursing care is defined as requiring a nurse's presence to provide ongoing nursing assessments, judgement and or interventions. Residents A, B, C, and D are totally dependent on a ventilator. A nurse's presence is needed at all times to monitor the ventilators, assess the patients and to intervene in emergency situations. Furthermore, hiring an independent nursing staff does not negate the fact that Residents A, B and C are in need of continuous nursing care. And not monitoring the ventilators for any length of time would place the residents at substantial risk of harm.

3. Regarding licensing rule 505 (2) The description of the violation is not accurate.

4. Regarding licensing rule 201(2) stating that the home is now in compliance does not achieve compliance. As indicated in the response letter submitted, the licensee has appointed a new administrator, this is an acceptable method of correction and should be stated in your corrective action plan.

The renewal licensing study report dated 12/09/2024, also contains an error. Regarding licensing rule 203 (3) the violation reads "Licensee designee, Marcel Elanjian and administrator, Literia McGrew did not complete the required annual training. **REPEATED VIOLATION.**" It should read administrator, Tanya Clemons not Literia McGrew.

On 02/25/2025, I received a voice mail message from Dr. Elanjian. Dr. Elanjian stated he took the day off and was working on a response to my letter dated 02/12/2025. He further stated that he was going to get the pulmonologist involved. I did not understand the nature of the message because on 02/20/2025, Dr. Elanjian sent me a letter requesting a hearing to contest the department's definition of continuous nursing care.

On 02/25/2025, I spoke with Dr. Elanjian regarding clarification for his hearing request and retaining the residents that require continuous nursing care. Dr Elanjian and his home manager Literia McGrew were both on the call. They debated the Department's definition of continuous nursing care. After a lengthy conversation Dr. Elanjian stated he wanted to proceed with the hearing. Dr. Elanjian wanted to continue discussing his interpretation of rule 301 and his definition of continuous nursing care. I explained to him that the conversation was circular, therefore, I will be ending the call.

V. RECOMMENDATION

The recommendation to modify the status of the license to a provisional license was contingent upon receipt of an acceptable corrective action plan. The licensee, Dr. Marcel Elanjian, did not submit an acceptable corrective action plan (CAP), therefore, I recommend refusal to renew.



Edith Richardson
Licensing Consultant

05/07/2025
Date

Approved by:



Ardra Hunter
Area Manager

05/07/2025
Date