



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 12, 2025

Stacie Burks-Evans  
3D Hearts Residential Care Homes  
4423 Isabelle St  
Inkster, MI 48141

RE: License #: AS820418669  
**3D Hearts Residential Care Homes**  
**4423 Isabelle St**  
**INKSTER, MI 48141**

Dear Burks-Evans:

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 license 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 license, 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) 456-0439.

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**

<b>License #:</b>	AS820418669
<b>Licensee Name:</b>	3D Hearts Residential Care Homes
<b>Licensee Address:</b>	4423 Isabelle St Inkster, MI 48141
<b>Licensee Telephone #:</b>	(586) 224-7422
<b>Licensee/Licensee Designee:</b>	Stacie Burks-Evans, Designee
<b>Administrator:</b>	Stacie Burks-Evans
<b>Name of Facility:</b>	3D Hearts Residential Care Homes
<b>Facility Address:</b>	4423 Isabelle St INKSTER, MI 48141
<b>Facility Telephone #:</b>	(586) 224-7422
<b>Original Issuance Date:</b>	12/17/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/11/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
No residents in care during the temporary license.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☐ If no, explain.  
No residents in care during the temporary license.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. No residents in care during the temporary license.
- Meal preparation / service observed? Yes ☐ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
No residents in care during the temporary license.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.  
No residents in care during the temporary license.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒  
If no, explain.
- Water temperatures checked? Yes ☐ No ☒ If no, explain.  
No residents in care during the temporary license.
- 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:

**MCL 400.713**

**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.**

(3) 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.
- (e) 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'm unable to determine the standard of care because during the temporary license there were no residents in care.

#### **IV. RECOMMENDATION**

I recommend modification of the current status of the license to provisional.



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Edith Richardson  
Licensing Consultant

06/12/2025

Date