



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 4, 2025

Cynthia Nkeng
Tristar Residential Inc.
21311 Mada Ave
Southfield, MI 48075

RE: License #: AS630418559
Frazer Home
21358 Frazer Ave.
Southfield, MI 48075

Dear Ms. Nkeng:

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 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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade". The signature is written in black ink and is positioned to the left of the printed contact information.

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630418559
Licensee Name:	Tristar Residential Inc.
Licensee Address:	21311 Mada Ave Southfield, MI 48075
Licensee Telephone #:	(248) 836-8987
Licensee Designee:	Cynthia Nkeng
Administrator:	Cynthia Nkeng
Name of Facility:	Frazer Home
Facility Address:	21358 Frazer Ave. Southfield, MI 48075
Facility Telephone #:	(248) 796-9256
Original Issuance Date:	01/24/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/23/2025

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 0
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: Licensee Designee

- 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.
The inspection was not completed during meal time.
- 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.
There were no incidents to follow up on.
- 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 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection completed on 07/23/25, I observed that Resident A is prescribed Quetiapine Fumarate (Seroquel) 100mg. The instructions indicate take 1 tablet by mouth at bedtime. The pharmacy incorrectly labeled the blister pack of medication with a yellow sticker that says "morning." The home has been administering this medication to Resident A in the morning as evidence by the pill for 07/23/25, being popped out/ gone at the time of the onsite inspection.

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.

During the onsite inspection completed on 07/23/25, I observed the following:

Resident A is prescribed Bactroban 2% ointment. The instructions indicate “apply to affected area topical three times daily a small amount to affected area.” This medication was in Resident A’s medication basket, but it was not listed on his July 2025 medication administration record. There was no written order indicating that this medication had been discontinued by Resident A’s physician.

Resident B is prescribed Nicotine patches 21 mg. The instructions indicate “apply one patch to the skin every day.” This medication was in Resident B’s medication basket, but it was not listed on his July 2025 medication administration record. There was no written order indicating that this medication had been discontinued by Resident B’s physician.

IV. RECOMMENDATION

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



08/04/2025

Johnna Cade
Licensing Consultant

Date