

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 21, 2025

Shadona Lang Reality Response LLC 1961 Longfellow Street Detroit, MI 48206

RE: License #: AS820316567

Grand Style Home Living 2455 W. Grand Street Detroit, MI 48238

Dear Ms. Lang:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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,

Denasha Walker, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #: AS820316567

Licensee Name: Reality Response LLC

Licensee Address: 1961 Longfellow Street

Detroit, MI 48206

Licensee Telephone #: (313) 465-2125

Licensee/Licensee Designee: Shadona Lang, Designee

Administrator:

Name of Facility: Grand Style Home Living

Facility Address: 2455 W. Grand Street

Detroit, MI 48238

Facility Telephone #: (313) 365-7162

Original Issuance Date: 12/10/2012

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

ALZHEIMERS

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	07/14/2025	
Date of Bureau of Fire Services Inspection if applicable:			
Date of Health Authority Inspection if applicable:			
No. of staff interviewed and/or observed 2 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) revie	ewed? Yes 🗵 No 🗌 If no, explair	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	xplain.	
•	Fire safety equipment and practices observe	d? Yes ⊠ No □ If no, explain.	
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
•	Incident report follow-up? Yes ⊠ No ☐ If	no, explain.	
•	Corrective action plan compliance verified? CAP Dated 8/09/2023 R400.14301 (4), R400 R400.14318 (5) N/A Number of excluded employees followed-up?	0.14315 (11), R400.14315 (13),	
	Variances? Ves ☐ (nlease explain) No ☐	N/A 🔀	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

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.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection, direct care staff Starise Joy's physical was dated 10/07/2024, her date of hire was 6/27/2024. Starise's physical was not obtained within 30 days of employment.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

7/21/2025

Denasha Walker Date
Licensing Consultant