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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 30, 2025

Judith Alemnjuh Five Star Residential, Inc. 22190 Sussex Street Oak Park, MI 48237

RE: License #: AS630395154

Melrose Home 16333 Melrose St Southfield, MI 48075

#### Dear Ms. Alemnjuh:

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 (248) 972-9136.

Sincerely,

Sara Shaughnessy, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd. Ste 9-100 Detroit, MI 48202 (248) 320-3721

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

#### I. IDENTIFYING INFORMATION

**License #:** AS630395154

**Licensee Name:** Five Star Residential, Inc.

Licensee Address: 22190 Sussex Street

Oak Park, MI 48237

**Licensee Telephone #:** (248) 421-2735

Licensee/Licensee Designee: Judith Alemnjuh

Administrator: Judith Alemnjuh

Name of Facility: Melrose Home

Facility Address: 16333 Melrose St

Southfield, MI 48075

**Facility Telephone #:** (248) 421-2735

Original Issuance Date: 02/12/2019

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

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AGED

### II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	07/29/20	)25	
Date	e of Bureau of Fire Services Inspection if appl	icable:	NA	
Date	e of Health Authority Inspection if applicable:	NA		
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e	2 2	
•	Medication pass / simulated pass observed?	Yes ⊠	No ☐ If no, explain.	
•	Medication(s) and medication record(s) revie	wed? Ye	es 🗵 No 🗌 If no, explain.	
•	Yes ☒ No ☐ If no, explain.  Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  The onsite inspection did not take place during a mealtime, but an adequate supply of food was observed.			
•	Fire safety equipment and practices observe	d? Yes [	⊠ No  If no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □	• ,		
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	in.	
•	Corrective action plan compliance verified? R 400.14203, R 400.14401, R 400.14511; 07 Number of excluded employees followed-up?	7/20/2023		
•	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 400.14401	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 water temperature in the kitchen was measured at 131.4 degrees and the bathroom water temperature was 127 degrees.

#### IV. RECOMMENDATION

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

07/30/2025

Sara Shaughnessy

Licensing Consultant

Date