



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 10, 2025

Sylvester Zama  
16815 Hubbell  
Detroit, MI 48235

RE: License #: AS820416786  
**FORD**  
**2441 Ford St**  
**Detroit, MI 48238**

Dear Mr. Zama:

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,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820416786

**Licensee Name:** Sylvester Zama

**Licensee Address:** 16815 Hubbell  
Detroit, MI 48235

**Licensee Telephone #:** (405) 795-9601

**Licensee/Licensee Designee:** N/A

**Administrator:** Sylvester Zama

**Name of Facility:** FORD

**Facility Address:** 2441 Ford St  
Detroit, MI 48238

**Facility Telephone #:** (313) 826-0657

**Original Issuance Date:** 09/10/2024

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/09/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
The only staff was the licensee designee and he is a nurse.
- 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.  
Resident was sleep during inspection.
- 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.
- 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 400.14208            Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (f) Verification of reference checks.

At the time of inspection, Staff Blessing Zama's employee file reviewed did not contain two reference checks.

**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.

At the time of inspection, Resident A's medication administration record showed prescribed medication- Losartan to have the wrong dosage amount listed as 25mg in comparison to the medication bottle having 50mg.

**R 400.14315            Handling of resident funds and valuables.**

- (3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Resident A's records reviewed did not contain a signed Funds Part II form by the resident.

A corrective action plan was requested and approved on 09/09/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended and issuance of a 2 year regular adult foster care license.



09/10/2025

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Date

Licensing Consultant