



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 24, 2025

Julie Wiley  
Wormer Residential Care Home, LLC  
14420 Wormer  
Redford, MI 48239

RE: License #: AS820414650  
**The Wormer Residence**  
**14420 Wormer**  
**Redford Township, MI 48239**

Dear Julie Wiley:

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 (313) 456-0439.

Sincerely,

A handwritten signature in black ink, appearing to read "Denasha Walker".

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 #:** AS820414650

**Licensee Name:** Wormer Residential Care Home, LLC

**Licensee Address:** 14420 Wormer  
Redford, MI 48239

**Licensee Telephone #:** (248) 991-5775

**Licensee/Licensee Designee:** Julie Wiley

**Administrator:** Julie Wiley

**Name of Facility:** The Wormer Residence

**Facility Address:** 14420 Wormer  
Redford Township, MI 48239

**Facility Telephone #:** (313) 740-7551

**Original Issuance Date:** 04/10/2023

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/23/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A full worksheet inspection was completed.
- 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.
- 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:  
CAP Dated 10/10/2023 R 400.14312 (1) 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, direct care staff Alicia Hendrix, Tonika Hill and Davontae Jackson employee file did not contain verification of reference checks.

**R 400.14310            Resident health care.**

- (3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection, Resident A's resident file did not contain monthly weights for the following months: 4/2025, 5/2025, or 7/2025.

**R 400.14312            Resident medications.**

- (2) Medication shall be given, taken, or applied pursuant to label instructions.

At the time of inspection, Resident A's medication shall be given, taken, or applied pursuant to label instructions.

I observed Myrbetriq Tab 50mg, take one tablet by mouth once daily in Resident A's medication bin. The medication was prescribed on 8/27/2025, all the pills were in the blister pack. The medication was not listed on the medication administration records (MARs) for 8/2025 or 9/2025.

No explanation was provided by the licensee designee, Julie Wiley.

**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:
  - (a) Be trained in the proper handling and administration of medication.

At the time of inspection, direct care staff Alicia Hendrix, and Davontae Jackson employee file did not contain verification of proper handling and administration of medication.

**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 MARs were not initialed for Primidone 50mg tablet, take one tablet by mouth medication on 9/22/2025 or 9/23/2025 by the person who administers the medication.

Licensee designee, Julie Wiley stated Resident A was in the hospital and the medication was not administered.

Technical assistance was provided, I suggested the direct care staff document on the MARs when a resident is hospitalized, so that the MARs is not left blank.

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection, 2023 and 2024 fire drills were not available for department review.

Licensee designee, Julie Wiley stated the 2023 and 2024 fire drills that were conducted were at her office. She agreed to fax them, but they were not received.

**R 400.14505      Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.**

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

At the time of inspection, the smoke detectors system was not maintained as recommended by the manufacturer. The smoke detectors were audible throughout the home, but the automatic door closure was not releasing or closing properly.

Licensee designee, Julie Wiley stated she will have it repaired immediately.

#### IV. RECOMMENDATION

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



09/24/2025

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Denasha Walker  
Licensing Consultant

Date