



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 23, 2026

Elonda Grubbe
Macomb Residential Opportunities Inc.
Suite #102
14 Belleview
Mt Clemens, MI 48043

RE: License #: AS580012157
Detroit Beach
3125 Second Street
Monroe, MI 48161

Dear Ms. Grubbe:

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 blue ink that reads "Pandora Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

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

I. IDENTIFYING INFORMATION

License #: AS580012157

Licensee Name: Macomb Residential Opportunities Inc.

Licensee Address: Suite #102
14 Belleview
Mt Clemens, MI 48043

Licensee Telephone #: (586) 469-4480

Licensee/Licensee Designee: Elonda Grubbe

Administrator: Elonda Grubbe

Name of Facility: Detroit Beach

Facility Address: 3125 Second Street
Monroe, MI 48161

Facility Telephone #: (734) 289-4620

Original Issuance Date: 10/19/1992

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/21/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 01/21/2026

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

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

- 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.
- 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 02/08/24 R 205 (6) 401(2) 403(8) 803(6) updated rules as promulgated 11/03/25 631(4) 645(3) 647 (11) and 715(4) N/A
- Number of excluded employees followed-up? 1 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

R 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

At the time of inspection, I observed the following:

- No drill completed during the 7 a.m. and 3 p.m. timeframe from during the 1st, 3rd and 4th quarter of 2024.
- No drill completed during the 3 p.m. to 11 p.m. timeframe during the 1st and 4th quarter of 2024.

R 400.645 Environmental health.

(3) A licensee shall provide hot and cold running water under pressure. 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 fixture.

At the time of inspection, the hot water in the bathroom tested 125 degrees Fahrenheit. The hot water in the kitchen tested 126 degrees Fahrenheit.

***REPEAT VIOLATION ESTABLISHED* Rule 645 (3) is the updated rule for 401 (2) as promulgated 11/03/25. LSR dated 01/30/2024; CAP dated 02/08/24.**

R 400.647 Safety and maintenance of premises.

(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

At the time of inspection, I observed three separate areas in the medication room/office where the flooring has gaps, is raised and not in good repair.

R 400.715 Facility environment; fire safety, adoption by reference.

(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life Safety Code, 2021 edition is adopted by reference and available to purchase on the National Fire Protection Association website at [https:// www.nfpa.org](https://www.nfpa.org) at a cost of \$168.00 for nonmembers of the NFPA and \$151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101.

At the time of inspection, I reviewed the evacuation assessments and observed that the 02/05/25 and 04/25/25 assessments were not complete packets and did not include all residents. The 02/05/25 assessment was missing F1 side 1 and 2 and F2A was also missing.

R 400.725 Means of egress.

(1) A means of egress must be considered the entire way and method of passage through the facility and out an exit door to free and safe ground outside the facility and must be arranged and maintained to provide free and unobstructed egress from all parts of the facility.

At the time of inspection, I observed the 2nd means of egress, which is equipped with a ramp. The end of the ramp has raised away from the cement causing a trip hazard walking up the ramp and difficulty pushing residents who require the regular use of a wheelchair up the ramp.

R 400.731 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents must be enclosed in a room that is constructed of material that has a 1-hour-fire-resistance rating and has a door made of 1-3/4-inch solid core wood. The door must be hung in a fully stopped wood or steel frame and must be equipped with an automatic self-closing device and positive-latching hardware.

At the time of inspection, I observed the enclosure that houses the hot water and gas dryer. The fire door that is supposed to seal the enclosure has a gap at the top and at least 1 inch gap at the bottom that prevents the door from sealing. The door is no longer creating a secure, stable or fire-resistant barrier.

IV. RECOMMENDATION

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



Pandrea Robinson
Licensing Consultant

01/23/26
Date