



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 27, 2026

Sidney Atemnkeng
Graceland Residential LLC
24220 Church Street
Oak Park, MI 48237

RE: License #: AS630410576
Graceland Residential LLC
24220 Church Street
Oak Park, MI 48237

Dear Sidney Atemnkeng:

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,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630410576
Licensee Name:	Graceland Residential LLC
Licensee Address:	24220 Church Street Oak Park, MI 48237
Licensee Telephone #:	(520) 336-3026
Licensee Designee/Administrator:	Sidney Atemnkeng
Name of Facility:	Graceland Residential LLC
Facility Address:	24220 Church Street Oak Park, MI 48237
Facility Telephone #:	(248) 722-6958
Original Issuance Date:	07/31/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/22/26

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee designee

- 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.
Inspection did not occur during meal time
- 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:

MCL 400.734b	Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

All staff were not fingerprinted through the Workforce Background Check System.

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.

During the period under review, the emergency preparedness plan, including the fire safety plan, was not practiced from 11:00pm-7:00am (sleeping hours) during each quarter.

R 400.629	Direct care staff; qualifications and training.
	(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently: (b) First aid. (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

During the onsite inspection, direct care worker, Nkenglefac Fomenky did not have verification that First Aid/CPR training was up to date. The certification on file expired in October 2025.

R 400.631	Health screenings.
	(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

During the onsite inspection, there was no annual health review on file for direct care worker, Nkenglefac Fomenky, that was completed in 2024 or 2025.

R 400.631	Health screenings.
	(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a

	staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.
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During the onsite inspection, direct care worker, B. Mambo, did not have documentation of a baseline screening for communicable diseases. The physical form showed a TB test was administered, but it did not indicate the results or the date of the screening.

R 400.637	Handling of resident funds and valuables.
	(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.

During the onsite inspection, Resident J's funds transaction form was not completed to show cost of care payments from July 2025-January 2026.

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.

During the onsite inspection, there was no hot water in the home. The water was measured at 77°F in the bathrooms and kitchen.

R 400.673	Use of assistive devices, therapeutic support.
	(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

During the onsite inspection, there was no physician authorization on file for Resident J's cane.

R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

During the onsite inspection I noted the following:

- Resident J's Donezepil Tab 10mg (take one table by mouth once daily) was still in the bubble pack on 01/20/26. Staff indicated that the medication was changed to a PRN; however, there was no documentation showing that the medication instructions were changed.
- Resident J's MAR indicates that she is prescribed Probiotic-10 20 Bill Cfu Cap (take one capsule by mouth once daily for diarrhea). The medication was not in the home at the time of the onsite inspection.
- Resident J's Metoprolol Succ ER 50 mg tab (take one tablet by mouth once daily) was still in the bubble pack on 01/14/26. Staff indicated that the medication is held if Resident J's blood pressure is below 140; however, the label instructions do not include this instruction.
- Resident B's January 2026 MAR indicates that she is prescribed Losartan Potassium 25mg tablet- take one table by mouth once daily when blood pressure is over 150. At the time of the onsite inspection, the medication was not available in the home. Staff indicated that Resident B no longer takes this medication; however, there was no order or instructions on file to discontinue the medication.
- Resident B's January 2026 MAR was initialed from 01/01/26-01/21/26 for the 8:00pm dose of Trazadone 50mg tablet- Take one or two tablets by mouth at bedtime. At the time of the onsite inspection, the medication was not available in the home. Staff indicated that Resident B no longer takes this medication; however, there was no order or instructions on file to discontinue the medication.
- During the onsite inspection, staff indicated that Resident B takes Melatonin, which is an over-the-counter medication. The medication was not listed on Resident B's MAR and there was no documentation that it was authorized by a licensed health care professional.

R 400.675	Resident medication.
	(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.

During the onsite inspection, Resident J's insulin was being stored in the refrigerator and was not locked up. The insulin pens that were in use were in Resident J's medication basket and did not have a box or label with her name or the instructions for use.

R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (a) Be trained in the proper handling and administration of medication.

Staff were not following training guidelines regarding the proper handling and administration of medication. The medication administration log was initialed for medications that were not in the home and were not passed, indicating that staff were not completing the five rights of medication passing prior to initialing the log. The MARs were also missing initials and medications were incorrectly transcribed. Staff were not verifying the accuracy of the MARs provided by the pharmacy or following up when errors were present on the MAR.

R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (b) Complete an individual medication log that contains all of the following: (i) Medication name. (ii) Dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) Initials of the individual who administered the medication at the time given. (vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

During the onsite inspection I noted the following:

- Resident J's January 2026 medication administration record (MAR) was not initialed to show that medications were passed from 01/20/26-01/22/26.
- Resident J's MAR indicates that she is prescribed Probiotic-10 20 Bill Cfu Cap (take one capsule by mouth once daily for diarrhea). The medication log was initialed indicating that the medication was passed from 01/01/26-

01/19/26; however, the medication was not in the home at the time of the onsite inspection.

- Resident J's Metoprolol Succ ER 50 mg tab (take one tablet by mouth once daily) was still in the bubble pack on 01/14/26. Staff indicated that the medication is held if Resident J's blood pressure is below 140; however, the label instructions do not include this instruction. The January 2026 MAR was initialed on 01/14/26 indicating that the medication was passed.
- The label instructions for Resident J's Trazadone 50mg Tablet state take 1 and ½ tablets by mouth at bedtime. The MAR indicates that the medication is a PRN. It was unclear if the medication was a PRN or not, as there was no prescription or written instructions on file.
- The instructions for Resident J's Trulicity 0.75mg/0.5mL state to inject by subcutaneous route 0.5ML once weekly. The December 2025 MAR was initialed but then crossed out for 12/01/25-12/06/25.
- Resident B's January 2026 MAR was initialed from 01/01/26-01/22/26 for the 8:00am dose of Losartan Potassium 25mg tablet- take one table by mouth once daily when blood pressure is over 150. At the time of the onsite inspection, the medication was not available in the home. Staff indicated that Resident B no longer takes this medication; however, there was no order or instructions on file to discontinue the medication.
- Resident B's January 2026 MAR was initialed from 01/01/26-01/21/26 for the 8:00pm dose of Trazadone 50mg tablet- Take one or two tablets by mouth at bedtime. At the time of the onsite inspection, the medication was not available in the home. Staff indicated that Resident B no longer takes this medication; however, there was no order or instructions on file to discontinue the medication.
- During the onsite inspection, staff indicated that Resident B takes Melatonin, which is an over the counter medication. The medication was not listed on Resident B's MAR and there was no documentation that it was authorized by a physician.

R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

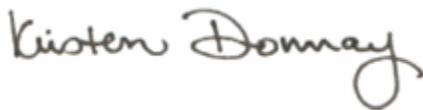
A reason was not documented for each administration of Resident J's PRN medications.

R 400.675	Resident medications.
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any instructions regarding a resident's prescription medication.</p>

During the onsite inspection, the facility did not have documentation that was recorded in writing regarding instructions for medications. There was no documentation on file showing that medications were discontinued, changed to PRN, or to be held if blood pressure was within certain parameters. Staff were not documenting verbal orders given by the health care professionals and did not obtain copies of the updated prescriptions. As a result, the MARs contained several errors.

IV. RECOMMENDATION

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



01/27/2026

Kristen Donnay
Licensing Consultant

Date