



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 28, 2026

Casmir Nnaji
Peace Home Michigan INC
28755 San Carlos St
Southfield, MI 48076

RE: License #: AS820398249
Peace Home Michigan INC.- Winter CT
29631 Winter Ct.
Garden City, MI 48135

Dear Mr. Nnaji:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

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

I. IDENTIFYING INFORMATION

License #: AS820398249

Licensee Name: Peace Home Michigan INC

Licensee Address: 28755 San Carlos St
Southfield, MI 48076

Licensee Telephone #: (248) 508-2662

Licensee/Licensee Designee: Casmir Nnaji, Designee

Administrator: Jessica Nnaji

Name of Facility: Peace Home Michigan INC.- Winter CT

Facility Address: 29631 Winter Ct.
Garden City, MI 48135

Facility Telephone #: (734) 237-4148

Original Issuance Date: 07/12/2019

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):01/09/2026

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 3
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.
N/A
- 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 400.627 Licensee and administrator training requirements.

(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours:

(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.

(b) 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as accepted by the department.

The licensee designee and administrator did not complete the annual required training. **REPEAT VIOLATION Rule 400.627 (1) is the updated rule for R 400. 14203 (1) as promulgated 11/03/2025. Licensing Study Report dated 01/09/2024, CAP dated 01/09/2024.**

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.

The licensee did not review the health status of staff annually. **REPEAT VIOLATION Rule 400.631 (4) is the updated rule for R 400. 14205 (6) as promulgated 11/03/2025. Licensing Study Report dated 01/09/2024, CAP dated 01/09/2024.**

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(a) Name, address, telephone number, and Social Security number.

Chike Nnaji's employee record did not contain his social security number.

R 400.639

Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(g) Beginning and ending dates of employment on separation.

The staff records did not contain beginning date of employment.

REPEAT VIOLATION Rule 400.639 (1)(g) is the updated rule for R 400. 14208 (1)(g) as promulgated 11/03/2025.

Licensing Study Report dated 01/09/2024, CAP dated 01/09/2024.

R 400.647

Safety and maintenance of premises.

(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.

Resident A's bedroom reeked of urine.

R 400.657

Bedrooms.

(3) A resident bedroom must be separated from halls, corridors, and other rooms by floor-to-ceiling walls that do not have openings, except for doorways.

The walls in bedrooms for residents have openings near the ceilings. The licensee needs to verify that each opening is a cold air that is properly vented in noncombustible ductwork.

REPEAT VIOLATION Rule 400.657 (3) is the updated rule for R 400. 14408 (3) as promulgated 11/03/2025. Licensing Study Report dated 01/09/2024, CAP dated 01/09/2024.

R 400.673

Use of assistive devices, therapeutic support.

(1) An assistive device or therapeutic support intended to achieve or maintain a resident's proper position to enhance mobility, physical comfort, safety, and well-being must be specified in the resident's assessment plan and agreed on by the resident or resident's designated representative.

(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.

The licensee did not have authorization for Resident A to use a hospital bed. Resident A and/or her designated representative did not agree on the use of a hospital bed and it was not specified in Resident A's assessment plan.

An appropriately licensed health care professional did not authorize in writing Resident A's need for a hospital bed and the term of the authorization.

R 400.675

Resident medications.

(3) Giving, taking, or applying of prescription medications must be supervised by a licensee, administrator, or direct care staff unless otherwise directed by an appropriately licensed health care professional in writing.

Resident A's pharmacy supplied label did not match her medication log. Resident A's November 2025, December 2025 and January 2026 medication logs indicated that Resident A was administered Vitamin D3 50 mcg (2000iu) 2 times daily at 8:00am and 4:00pm. The pharmacy's supplied label stated that it was to be given daily.

Resident A's medications were packaged in a blister type container, which is a preformed plastic packaging that contains all of her medications to be given at each time, morning, noon and evening. Underneath the blister of each medication to be given was a list with the name of the medications contained in that blister. However, the morning blister did not state that Vitamin D was in the blister.

R 400.677

Resident hygiene, clothing.

(2) A licensee shall ensure the resident receives or has access to all of the following:

- (a) Bathing at least weekly.
- (b) Toileting as needed.
- (c) Assistance with resident hygiene as needed.
- (d) Availability of all the following resident hygiene supplies:
 - (i) Deodorant.
 - (ii) Feminine hygiene products.
 - (iii) Razors and shaving cream.
 - (iv) Shampoo.
 - (v) Soap.
 - (vi) Toothpaste.
 - (vii) Toothbrushes.
 - (viii) Toilet paper.

The licensee did not ensure that Resident B received toothpaste and a toothbrush.

R 400.685

Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

Resident B did not have a written health care appraisal for 2024.

R 400.685

Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(2) A licensee shall not accept or care for a resident until a written assessment has been completed. A written assessment plan must include all of the following:

- (a) The amount of personal care, supervision, and protection required by the resident that is available at the facility.
- (b) The services, skills, and physical accommodations required by the resident that are available at the facility.

(c) The resident is compatible with other residents, assigned roommate, and members of the household.

The licensee accepted Resident A and did not complete a written assessment.

R 400.685

Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

The licensee did not complete assessment plans in 2025 for Resident A and B.

R 400.685

Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.

The licensee did not complete resident care agreements in 2025 for Residents A and B. **REPEAT VIOLATION Rule 400.685 (9) is the updated rule for R 400. 14301 (6) as promulgated 11/03/2025. Licensing Study Report dated 01/09/2024, CAP dated 01/09/2024.**

R 400.701

Required personnel policies.

(2) Written policies and procedures must be given to staff and volunteers at the time of hire or appointment. A verification of receipt of the policies and procedures must be maintained in the individual's personnel record.

Receipt of personnel policies were not maintained the in direct care staff Chike and Jessica Nnaji personnel record. **REPEAT VIOLATION Rule 400.701 (2) is the updated rule for R 400. 14207 (2) as promulgated 11/03/2025. Licensing Study Report dated 01/09/2024, CAP dated 01/09/2024.**

R 400.701

Required personnel policies.

(3) The licensee shall have a written job description for each position. The job description must define the tasks, duties, and responsibilities of the position. Each staff and volunteer shall receive a copy of their applicable job description. Verification of receipt of a job description must be maintained in the individual's personnel record.

Verification of receipt of job descriptions was not maintained in Chike and Jessica personnel record. **REPEAT VIOLATION Rule 400.701 (3) is the updated rule for R 400. 14207 (3) as promulgated 11/03/2025. Licensing Study Report dated 01/09/2024, CAP dated 01/09/2024.**

R 400.729

Heating equipment.

(3) Where conditions indicate a need for inspection, heat-producing equipment must be inspected by a qualified inspection service. A copy of the written approval from the qualified inspection service must be submitted to the department on request.

This consultant is unable to determine the condition of the heat plant. The heat plant is in the attic assessable via a ladder. The licensee did not have the heat plant inspected. **REPEAT VIOLATION Rule 400.729 (3) is the updated rule for R 400. 14510 (3) as promulgated 11/03/2025. Licensing Study Report dated 01/09/2024, CAP dated 01/09/2024.**

On 01/09/2025, I conducted an exit conference with the licensee designee Casmir Nnaji. Mr. Nnaji did not dispute the findings.

Casmir Nnaji has not demonstrated compliance with the Act and administrative rules.

On 11/25/2025, the department received an on-line application from Casmir Nnaji.

When a licensee and or applicant submit an application, they attest to the following:

I have read 1979 PA 218 and the Administrative Rules
Regulating the operation of Adult Foster Care Facilities.
If granted a license I will comply with the Act and these

Rules.

Even though Casmir Nnaji agreed to comply with the rules he willfully and substantially violated them.

Licensing rules 627 (1),631 (4), 639 (1) (g), 657 (3), 685 (10), 685 (2), 685 (4), 701 (2) & (3) and 729 (3) are repeated violations.

Licensing rules 639(1) (a), 647 (2), 673 ((1) & (2), 675 (3), 677 (2), and 685 (4) are non-repeated violations which can potentially jeopardize the health, safety, care, treatment maintenance or supervision of resident receiving services.

Licensing rule 639 (1) (a) is part of the vetting process which ensure the potentially new hires are of good moral character.

Licensing rule 647 (2) the residents have a right to a clean environment.

Licensing rule 673 (1) & (2) hospital beds are prohibit in AFC home they inherit a potential harm if not properly monitored.

Licensing rule 675(3) Not monitoring the pharmacy supplied label and checking the medications being delivered can results in residents receiving the wrong medications.

Licensing rule 677 (2) toothpaste and a toothbrush promote good oral hygiene and prevent infection.

Licensing rule 685(4) an annual health care appraisal promote good health and early intervention of illnesses.

Compliance with the licensing rules is necessary to ensure the health, safety well-being of the residents

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



01/21/2026

Edith Richardson
Licensing Consultant

Date

Approved by:



01/28/2026

Ardra Hunter
Area Manager

Date