GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 27, 2026

Sandra Vinson
A Senior Promise LLC
18115 Kinross
Beverly Hills, MI 48206

RE: License #: AS820414523
A Senior Promise
20500 Fenton
Detroit, MI 48219

Dear Sandra Vinson:

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 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,

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 #:	AS820414523
Licensee Name:	A Senior Promise LLC
Licensee Address:	18115 Kinross Beverly Hills, MI 48206
Licensee Telephone #:	(313) 656-7105
Licensee/Licensee Designee:	Sandra Vinson
Administrator:	Sandra Vinson
Name of Facility:	A Senior Promise
Facility Address:	20500 Fenton Detroit, MI 48219
Facility Telephone #:	(313) 656-7105
Original Issuance Date:	06/12/2025
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/14/2026

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 1
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.
  A meal was not prepared or observed during this onsite inspection. Lunch was served prior to renewal 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 400.615 Resident register.

A licensee shall maintain a chronological register of all residents admitted that includes the following information for each resident:
(a) Resident full name.
(b) Resident date of birth.
(c) Date of admission.
(d) Date of discharge and location, if known, where the resident moved.

At the time of inspection, the licensee designee, Sandra Vinson, did not maintain a chronological register of residents who are admitted to the home.

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, emergency and evacuation procedures were not conducted during daytime, evening, and sleeping hours at least once per quarter. No records were available for department review.

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:
(a) Reporting requirements.
(b) First aid.
(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.
(d) Personal care, supervision, and protection.
(e) Resident rights.
(f) Safety and fire prevention.

(g) Prevention and containment of communicable diseases including recognizing signs of illness.
(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
(i) Nutrition and special diets.

At the time of inspection, direct care staff Starlika Vinson employee file did not contain verification of training in the following areas:
• Personal care, supervision, and protection.
• Resident rights.
• Safety and fire prevention.
• Prevention and containment of communicable diseases including recognizing signs of illness.
• Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
• Nutrition and special diets.

R 400.631 Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

At the time of inspection, direct care staff Starlika Vinson employee file did not contain a statement signed by a licensed physician or physician's designee attesting to her physical health within 30 days of employment start date.

Starlika Vinson's date of hire was 7/29/2025 and her physical was dated 11/03/2025.

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.
(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.

(c) Copy of a driver's license if staff provide transportation services.

(d) Verification of age.

(e) Verification of experience, highest level of education completed, and training.

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

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

(h) Health information as required by these rules.

(i) Verification of the receipt by the staff of personnel policies and job descriptions.

At the time of inspection, direct care staff Starlika Vinson employee file did not contain verification of the following:
• Experience, highest level of education completed, and training.
• Verification of not less than 2 reference checks

R 400.647 Safety and maintenance of premises.

(14) Handrails and nonskid surfacing must be installed in showers and bath areas.

At the time of inspection, the shower and bath area was not equipped with nonskid surfacing.

R 400.655 Living space.

(1) Bathroom and toilet amenities with windows must open easily for ventilation. Amenities without a window must have forced ventilation to the outside.

At the time of inspection, the bathroom window would not open. The bathroom is not equipped with forced ventilation.

R 400.665 Food service.

(8) Kitchen appliances must be properly installed and maintained according to the manufacturer's instructions.

At the time of inspection, the front left burner on the stove was not in working condition.

R 400.669 Linens.

(1) A licensee shall provide all of the following:

(a) Clean bedding in good condition that includes a minimum of a fitted sheet, top sheet, pillowcase, and blanket or comforter for each bed.
(b) At least 1 standard bed pillow that is comfortable, clean, and in good condition for each resident.
(c) Bath towels and washcloths.

At the time of inspection, both beds in the East resident bedrooms were not equipped with the following:
• Fitted sheet
• Blanket or comforter for each bed.

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.

At the time of inspection, an over the toilet commode was observed in the bathroom without written authorization.

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.

At the time of inspection:
• Resident A's medication administration records (MARs) did not contain initials of the person who administers the medication, instead an "X" was in the box to indicate the medication was given. Licensee designee, Sandra Vinson stated she was uncertain if initials or an "X" was required.

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.

At the time of inspection, Resident A's file did not contain a completed written assessment plan that was completed at the time of admission.

R 400.685 **Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:

(a) A statement that the facility is licensed to provide foster care to adults.

(b) The services to be provided and the fee for those services.

(c) Any additional costs in addition to the basic fee that is charged.

(d) A resident's rights policy.

(e) A discharge policy.

(f) Transportation services provided for a basic fee and services that are provided at an extra cost.

(g) A refund policy.

(h) A resident's funds and valuables policy.

(i) An agreement by the licensee to provide care, supervision, and protection to the resident and to ensure transportation services as indicated in the resident's assessment plan and resident care agreement.

(j) An agreement by the licensee to respect and safeguard the resident's rights.

(k) An agreement by the licensee and resident or the resident's designated representative to follow the facility's discharge policy.

(l) An agreement by the resident, resident's designated representative, or responsible agency to provide necessary intake information, including health-related information, at the time of admission.

(m) An agreement by the resident or the resident's designated representative to provide a current health care appraisal.

(n) An agreement by the resident to follow written house rules if any.

At the time of inspection, Resident A's file did not contain a resident care agreement that was completed at the time of admission.

On 01/14/2026, I completed an exit conference with licensee designee, Sandra Vinson regarding the findings including quality-of-care violations. Based on the current temporary license status, I provided Ms. Vinson an opportunity to explain the deficiencies. Ms. Vinson accepted accountability and stated she previously operated as an unlicensed facility and was not familiar with all of the licensed requirements, but she intends to correct all the errors. I explained to Ms. Vinson that due to multiple violations and the level of substantial non-compliance that jeopardizes the health and safety of the residents, a six-month provisional license is recommended. I stated a written corrective action plan is required, in which she agreed to submit. I stated the department offers technical assistance and an abundance of training to better assist her.

IV. RECOMMENDATION

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

1/22/2026

Denasha Walker — Date
Licensing Consultant

Approved by:

1/27/2026

Ardra Hunter — Date
Area Manager