



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 23, 2026

Shamara Watkins  
Harmony Hearts Village LLC  
26730 Belanger St.  
Roseville, MI 48066

RE: License #: AS500419205  
**Woods-IN Homes**  
**21725 Ulrich St.**  
**Clinton Township, MI 48036**

Dear Ms. Watkins:

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 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 "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

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

**I. IDENTIFYING INFORMATION**

**License #:** AS500419205

**Licensee Name:** Harmony Hearts Village LLC

**Licensee Address:** 21700 Greenfield Rd.  
Oak Park, MI 48237

**Licensee Telephone #:** (313) 442-3144

**Licensee/Licensee Designee:** Shamara Watkins

**Administrator:** Justin Cain

**Name of Facility:** Woods-IN Homes

**Facility Address:** 21725 Ulrich St.  
Clinton Township, MI 48036

**Facility Telephone #:** (586) 510-0773

**Original Issuance Date:** 07/10/2025

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/22/2026

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 0

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
I observed medications.
- 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.  
I observed adequate food supply.
- 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.  
There were no reportable incidents.
- 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 400.663                      Nutrition; adoption by reference.**

**(7) A licensee shall keep records of menus, including special diets, for 90 days.**

Resident B is prescribed a low carb diet. There was no low carb diet menu available for review.

**R 400.665                      Food service.**

**(5) Refrigerators and freezers must be equipped with thermometers.**

I observed that there was no thermometer in the freezer.

**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.**

Resident A uses a hospital bed and a Hoyer Lift. I observed that there is no authorization from a licensed health care professional giving authorization for use either device or reason 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:**

**(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.**

I observed the following medication errors for Resident A:

- Benzonatate 100mg PRN was not listed in the medication administration record (MAR) although, it was administered on days 2-8 and 9-11 on the pop-out medication packet.
- Medications- Amlodipine, Atorvastatin, Eliquis, Lidocaine and Metoprolol were administered but the individual who administered the medications initials were not on the MAR on 01/20/2026 and 01/21/2026.

**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.**

Resident A is prescribed Tramadol 50 mg as needed for use on therapy days three times per week. I observed that Resident A was given Tramadol two times per day January 1-19, 2026.

**R 400.691 Resident records.**

**(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:**

**(g) Admission and monthly weight record.**

Resident A was not weighed November 2025 and December 2025.

Resident B was not weighed December 2025.

**IV. RECOMMENDATION**

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



01/23/2026

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LaShonda Reed  
Licensing Consultant

Date