



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 5, 2026

Anthony Ezeanya  
Acon Services, Inc.  
6481 Royal Pointe  
West Bloomfield, MI 48322

RE: License #: AS820379150  
**Sunderland AFC Home**  
**17127 Sunderland Road**  
**Detroit, MI 48219**

Dear Mr. Ezeanya:


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) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "DaShawnda Lindsey". The signature is written in a light gray or blue ink.

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820379150

**Licensee Name:** Acon Services, Inc.

**Licensee Address:** 17126 Prevost St.  
Detroit, MI 48235

**Licensee Telephone #:** (313) 340-2500

**Licensee/Licensee Designee:** Anthony Ezeanya

**Administrator:** Anthony Ezeanya

**Name of Facility:** Sunderland AFC Home

**Facility Address:** 17127 Sunderland Road  
Detroit, MI 48219

**Facility Telephone #:** (313) 694-3829

**Original Issuance Date:** 08/05/2016

**Capacity:** 6

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

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/04/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 4  
No. of others interviewed 1 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain. The inspection did not occur during a medication pass. Medications and medication records were reviewed. Staff medication training was reviewed as well.
- 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. The facility does not keep track of resident funds.
- 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: as318(5), as208(1)(f), as301(4), as301(6), as301(10), as315(3), as310(3), as312(4)(b), as306(3), as403(2), as401(2), and as403(1) 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:	
<b>R 400.619</b>	<b>Emergency preparedness plan.</b>
	<b>(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.</b>
At the time of the inspection, I reviewed the fire drills and observed during fourth quarter of 2025, second quarter of 2025, and fourth quarter of 2024, a fire drill was not conducted during second shift (3pm to 11pm).	
<b>R 400.645</b>	<b>Environmental health.</b>
	<b>(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.</b>
At the time of inspection, the water temperature in the kitchen was 87 degrees Fahrenheit.	
<b>R 400.675</b>	<b>Resident medications.</b>
	(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: (v) Initials of the individual who administered the medication at the time given.
At the time of inspection, I reviewed three residents' medications and medications administration records (MARs). I observed the following: <ul style="list-style-type: none"> <li>• Staff did not initial Resident A's MAR on 03/01/2026 at 8pm to show administration of Neurontin 100mg.</li> <li>• Staff did not initial Resident B's MAR on 03/03/2026 and 03/04/2026 at 8am to show administration of Claritin 10mg.</li> </ul>	

<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	(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, I reviewed three residents' assessment plans. I observed Resident C's guardian did not sign her initial plan completed on 07/15/2025.	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<p>(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:</p> <ul style="list-style-type: none"> <li>(a) A statement that the facility is licensed to provide foster care to adults.</li> <li>(b) The services to be provided and the fee for those services.</li> <li>(c) Any additional costs in addition to the basic fee that is charged.</li> <li>(d) A resident's rights policy.</li> <li>(e) A discharge policy.</li> <li>(f) Transportation services provided for a basic fee and services that are provided at an extra cost.</li> <li>(g) A refund policy.</li> <li>(h) A resident's funds and valuables policy.</li> <li>(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.</li> <li>(j) An agreement by the licensee to respect and safeguard the resident's rights.</li> <li>(k) An agreement by the licensee and resident or the resident's designated representative to follow the facility's discharge policy.</li> <li>(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.</li> <li>(m) An agreement by the resident or the resident's designated representative to provide a current health care appraisal.</li> </ul>

	(n) An agreement by the resident to follow written house rules if any.
At the time of inspection, I reviewed three residents' assessment plans. I observed the following: <ul style="list-style-type: none"> <li>• Resident B's guardian did not sign her plan completed on 01/06/2026.</li> <li>• Resident C's guardian did not sign her plan completed on 07/15/2025.</li> </ul>	
<b>R 400.727</b>	<b>Smoke detection equipment for family home and small group home with 6 or less residents after March 27, 1980.</b>
	(1) At least 1 single battery-operated smoke alarm must be installed in the following locations: (b) On each occupied floor, in the basement, and in areas of the facility that contain flame- or heat-producing equipment.
There was not a smoke detector in the heat plant room.	
<b>R 400.731</b>	<b>Flame-producing equipment; enclosures.</b>
	(1) If the heating plant is in the basement, standard building material may be used for the floor separation. Floor separation must also include at least 1-3/4-inch solid core wood door or equivalent equipped with an automatic self-closing device to create a floor separation between the basement and the first floor.
There was not a door at top or bottom of the basement stairway to create floor separation.	

**IV. RECOMMENDATION**

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



03/05/2026

DaShawnda Lindsey  
Licensing Consultant

Date