



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 19, 2026

Vernon Crump
28230 Somerset Residence LLC
28230 Somerset
Inkster, MI 48141

RE: License #: AS820414623
28230 Somerset Residence LLC
28230 Somerset
Inkster, MI 48141

Dear Mr. Crump:

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 #: AS820414623

Licensee Name: 28230 Somerset Residence LLC

Licensee Address: 28230 Somerset
Inkster, MI 48141

License Telephone #: (313) 598-0628

Licensee/Licensee Designee: Vernon Crump, Designee

Administrator: Vernon Crump

Name of Facility: 28230 Somerset Residence LLC

Facility Address: 28230 Somerset
Inkster, MI 48141

Facility Telephone #: (313) 661-3038

Original Issuance Date: 07/18/2023

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):01/15/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 1
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 400.619 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.

The licensee did not practice 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. Not practicing the fire safety plan jeopardizes residents' safety because the residents and staff will not be prepared to evacuate the home in a fire which can result in loss of lives.

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 and administrator did not complete the annual training since the license issue date, 01/18/2024. Not completing the annual training jeopardizes care and treatment of residents because training will improve the services being rendered to the residents.

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.

The licensee did not have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of direct care staff Andre Morgan, Victoria Clauw and Kenyatta Thomas. Not obtaining a statement signed by a licensed physician or physician's designee attesting to the physical health of direct care staff jeopardizes the care and safety of residents because the employee may not be physically fit to meet the physical demands of a direct care worker.

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.

The licensee did not record in Resident D's resident record a resident funds and itemized transactions including payment for services provided. Not recording resident funds and itemized transactions jeopardizes the supervision of residents' funds because without a record the residents' funds can be subjected to financial exploitation.

R 400.637

Handling of resident funds and valuables.

(12) A licensee or administrator shall obtain prior written approval from a resident or a resident's designated representative before charges are made to a resident's account.

The licensee did not obtain prior written approval from Residents B, C and D or from their resident's designated representative for charges paid to the home. Not obtaining written approval before making charges to the residents' accounts jeopardizes the supervision of residents' funds because without approval the residents' funds can be subjected to financial exploitation.

R 400.639

Staff records.

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

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

The licensee did not verify references for direct care staff, Andre Morgan, Victoria Clauw and Kenyatta Thomas references. Not checking references jeopardizes resident safety because the potential employees might not be of good moral character.

R 400.645

Environmental health.

(5) Garbage and rubbish that contains food waste must be maintained in leakproof, non-absorbent containers. Containers must be covered with tight-fitting lids and removed from the facility daily and from the premises at least weekly.

A garbage container in the kitchen did not have a tight-fitting lid. Not having a tight-fitting lid on a garbage container containing food waste jeopardizes resident health because it creates an unhealthy environment exposing residents to food borne illnesses, health issues due to the presence of bacteria and other contaminants and it can become a food supply for infestations.

R 400.647

Safety and maintenance of premises

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The facility has a gas clothes dryer. This flame producing appliance is in an enclosure. The duct work which is supposed to bring fresh air into the enclosure fell from the ceiling. Not maintaining the enclosure jeopardizes the resident safety because it is not assured that the flame producing appliance is getting enough air to prevent combustion.

R 400.647

Safety and maintenance of premises.

(10) On the effective date of these rules, new or renovated exterior and interior stairways and ramps must have handrails on the open sides and be constructed in accordance with and inspected and approved by the state or local building authority in accordance with the Stille-DeRosset-Hale single state construction code act ,1972 PA 230, MCL 125.1501 to 125.1531.

The one open side of the front porch did not have a hand rail. Not having a handrail on the one side to the front porch

jeopardizes resident safety because residents can fall. Residents in adult foster care homes are more prone to falls because they are on medications and/or elderly.

R 400.661

Bedroom furnishings.

(4) Resident bedrooms must have lighting for reading and other activities, equipped with an accessible mirror appropriate for grooming, and provisions to allow a resident to mount pictures or decorative items on walls.

Resident A's bedroom was not equipped with an accessible mirror appropriate for grooming. Not having a mirror for grooming jeopardizes resident care. Grooming is essential to one's well-being.

R 400.665

Food service.

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

The freezer in the basement did not have a thermometer. Not having a thermometer jeopardizes resident health and care because a thermometer ensures that foods are stored at a temperature to prevent spoilage, making it safe for human consumption

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.

Resident A did not have a written assessment plan which must be completed with and signed by the resident or the resident's designated representative, in 2024 and 2025.

Resident B did not have a written assessment plan which must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable in 2025.

Not having a written assessment plan jeopardizes resident care, treatment, and supervision because an assessment plan ensures that there have been no changes in the resident's care needs and the home can still provide the level of care the resident requires.

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 license shall document that all applicable parties were contacted and agreed that no changes were necessary.

The licensee did not review the written resident care agreement with Resident A or his designated representative or the responsible agency in 2024 and 2025.

The licensee did not review the written resident care agreement with Resident B or his designated representative or the responsible agency in 2025.

Not having a resident care agreement jeopardizes resident care and treatment because the resident care agreement is a binding contract granting the licensee permission to provide care, stating what services are going to be rendered and the cost for the services provided. The Social Security Administration sets the cost of care rate annually for adult foster care homes and one's level of care can change.

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 A and Resident B's health care appraisal were not completed in 2025. Not having a health care appraisal annually jeopardizes resident health and care because an annual health care appraisal promotes good health and can detect illnesses in its early stage.

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.

The licensee did not record Resident D's weight at admission and monthly. Not recording the resident's weight jeopardizes resident health and care weight loss and weight gain are indicators that there may be a health issue.

R 400.715

Facility environment; fire safety, adoption by reference.

(1) A facility that has a capacity of 4 to 6 residents shall be equipped with an interconnected multi-station smoke detection system that is powered by the facility's electrical service. When activated, the system must initiate an alarm that is audible in all areas of the facility. The smoke detection system must be

installed on all levels, including basements, common activity areas, and outside each sleeping area, excluding crawl spaces and unfinished attics, to provide full coverage of the facility. The system must include a battery backup to ensure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of residents living in the facility, if needed. A fire safety system must be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections must be maintained at the facility for 2 years.in the

The battery back up to ensure that the interconnected multi-station is operable if there is an electrical power failure and accommodate the sensory impairments of residents living in the facility, if needed, was chirping. The chirping was alerting the licensee that the smoke detection system needed servicing. A licensed electrical contractor did not inspect the fire safety system annually. Not having the smoke detection system inspected annually jeopardizes resident safety and maintenance because the smoke detection system saves lives and an annual inspection is a safety net to ensure that it is operable at all times.

R 400.715

Facility environment; fire safety, adoption by reference.

(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following: (a) Improve the score to at least the "slow" category. (b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life Safety Code, 2021 edition is adopted by reference and available to purchase on the National Fire Protection Association website at [https:// www.nfpa.org](https://www.nfpa.org) at a cost of \$168.00 for nonmembers of the NFPA and \$151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory

Affairs, 611 West Ottawa Street, P.O. Box Page 36 Courtesy of Michigan Administrative Rules 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101. History: 2025 MR 22, Eff. November 3, 2025.

Resident D was admitted into the home on 12/17/2025. An e-score was completed within 30 days after his admission however Residents A, B and C did not participate. Not completing e-scores within 30 days after a new admission jeopardizes resident safety and maintenance because an e-score assesses how quickly residents can evacuate the home in a fire, identifies residents that require assistance and new admissions may change the assessment.

R 400.731

Flame-producing equipment; enclosures.

(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.

Even though the heat plant is not on the same level as the residents, it is in an enclosure therefore the enclosure is the floor separation between the basement and first floor.

The furnace enclosure is not smoke-tight, there is a gap at the ceiling. Not having a smoke tight enclosure jeopardizes resident safety and maintenance because floor separation creates a barrier between the basement and first floor. Floor separation slows down the spread of fire.

RECOMMENDATION:

On 01/15/2026, I conducted an exit conference with the licensee designee, Vernon Crump. Mr. Crump did not dispute the findings. Mr. Crump explanation for the noncompliance was he was not aware of the rules. However, on 12/09/2025, the department received an on-line application from Mr. Crump. 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 Vernon Crump agreed to comply with the rules he violated them. Non-

compliance of licensing rules can potentially jeopardize the health, safety, care, treatment maintenance or supervision of resident receiving services.

Therefore, I recommend modification of the current status of the license to provisional.



02/13/2026

Edith Richardson
Licensing Consultant

Date

Approved by:



02/19/2026

Ardra Hunter
Area manager

Date