



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 13, 2026

Elonda Grubbe
Macomb Residential Opportunities Inc.
Suite #102
14 Belleview
Mt Clemens, MI 48043

RE: License #: AS580016083
Granby AIS Home
1400 Granby Street
Temperance, MI 48182

Dear Ms. Grubbe:

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 blue ink that reads "Pandora Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

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

I. IDENTIFYING INFORMATION

License #: AS580016083

Licensee Name: Macomb Residential Opportunities Inc.

Licensee Address: Suite #102
14 Belleview
Mt. Clemens, MI 48043

Licensee Telephone #: (586) 469-4480

Licensee/Licensee Designee: Elonda Grubbe

Administrator: Elonda Grubbe

Name of Facility: Granby AIS Home

Facility Address: 1400 Granby Street
Temperance, MI 48182

Facility Telephone #: (734) 847-6835

Original Issuance Date: 03/21/1995

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable: 04/08/2026

No. of staff interviewed and/or observed 2

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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP dated 04/17/24 Rules 803 (6), 208 (1) (e), 301(6), 310 (3), 315 (3), 401(6) N/A
- Number of excluded employees followed-up? 4 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 400.675

Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(a) Be trained in the proper handling and administration of medication.

At the time of inspection, I observed a medication pass. Staff, Teresa Zakareckis, did not follow the 6 rights of medication as she did not match the medication label to the medication administration record to ensure she had the right person, right medication, right dose, right route, right time and right documentation. I watched Ms. Zakareckis pull the bubble pack out of the locked cabinet drawer and immediately place the tablet in the medication cup.

Although trained, Ms. Zakareckis did not apply her training during the medication pass.

IV. RECOMMENDATION

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



Pandrea Robinson
Licensing Consultant

04/13/26
Date