



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 13, 2026

Deborah Waldo
Elder Empowerment Services Unlimited, LLC
38603 Eight Mile
Livonia, MI 48152

RE: License #: AS820408141
Lauren's Greenhouse Living
20315 Hickory Lane
Livonia, MI 48152

Dear Ms. Waldo:

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".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, 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 #: AS820408141

Licensee Name: Elder Empowerment Services Unlimited, LLC

Licensee Address: 38603 Eight Mile
Livonia, MI 48152

Licensee Telephone #: (313) 477-8728

Licensee/Licensee Designee: Deborah Waldo

Administrator: Deborah Waldo

Name of Facility: Lauren's Greenhouse Living

Facility Address: 20315 Hickory Lane
Livonia, MI 48152

Facility Telephone #: (734) 744-5769

Original Issuance Date: 12/01/2021

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/04/2026

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 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee designee/admin.

- 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.
There were no incident reports that required a follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
SI 10/17/2025- 675(4); Renewal 2024- asec734b(2), as205(3), as301(4),
as301(6), as301(10), as315(3), as402(3), as507(5). and as507(6) 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.
At the time of the inspection, I reviewed fire drills from the last two years. I observed the following: <ul style="list-style-type: none"> • In the first quarter of 2026, there was no drill conducted from 11pm to 7am. • In the fourth quarter of 2025, there was no drill conducted from 11pm to 7am. • In the third quarter of 2025, there was no drill conducted from 11pm to 7am. • In the second quarter of 2025, there was no drill conducted from 3pm to 11pm or 11pm to 7am. • In the first quarter of 2025, there was no drill conducted from 11pm to 7am. • In the fourth quarter of 2024, there was no drill conducted from 3pm to 11pm. 	
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.
At the time of the inspection, there was no verification licensee designee Deborah Waldo completed at least 16 hours of training in 2025.	
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: (b) First aid. (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

At the time of the inspection, there was no verification Ms. Waldo had current First Aid and CPR verification.	
R 400.631	Health screenings.
	(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.
At the time of the inspection, there was verification staff Sarah Brown's and staff Anderson Colburn's health were reviewed annually.	
R 400.631	Health screenings.
	(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.
At the time of the inspection, there was no verification a baseline screening for communicable diseases was completed for staff Anderson Colburn.	
R 400.645	Environmental health.
	(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.
At the time of the inspection, the water in the full bathroom (closest to the kitchen) was 102.8 degrees Fahrenheit. The water in Resident A's bathroom was 100.8 degrees Fahrenheit.	
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 the inspection, Resident A's bath/shower area did not have sufficient nonskid surfacing.	
R 400.655	Bathrooms.
	(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.
In the renovated area, the bathroom door was not positively latching. Also, it was not equipped with non-locking-against-egress hardware.	
R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
At the time of the inspection, I reviewed residents' medications and medication administration records (MAR). I observed the following: Resident B: <ul style="list-style-type: none"> The resident was prescribed Fluconazole Tab 150MG for five days. Staff initiated the MAR daily 04/30/2026 to 05/04/2026. However, the medication was not administered one of those days. I observed the pill still in the pack. 	
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: <ul style="list-style-type: none"> (b) Complete an individual medication log that contains all of the following: <ul style="list-style-type: none"> (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 the inspection, I reviewed residents' medications and medication administration records (MAR). I observed the following: Resident B:	

- Staff administrated PRN Dextromethor Sus 30MG/5ML daily from 04/30/2026 to 05/04/2026. The time the medication was administered was not documented.
- Staff did not initial the MAR on 05/02/2026 to show administration of Olanzapine TAB 5MG at 8am.
- The resident was prescribed Fluconazole Tab 150MG for five days. Staff initiated the MAR daily 04/30/2026 to 05/04/2026. However, the medication was not administered one of those days. I observed the pill still in the pack.
- Staff did not initial the MAR on 05/01/2026 to show administration of Lorazepam 0.5MG at 12pm.
- Staff did not initial the MAR on 05/03/2026 to show administration of Trazadone 50MG at 8pm.
- Staff administrated PRN Haloperidol 0.5MG on 05/03/2026. The time the medication was administered was not documented.

Resident C:

Staff documented on 05/04/2026 Quetiapine 100MG was unavailable to administer to resident at 8am, but the medication was available in the facility.

REPEAT VIOLATION ESTABLISHED. SIR 2026A0901002, CAP 12/15/2025.

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: (b) The services to be provided and the fee for those services.
At the time of the inspection, the amount for services was not documented on Resident C's resident care agreement.	
R 400.727	Smoke detection equipment for family home and small group home with 6 or less residents after March 27, 1980.
	(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.
At the time of the inspection, there was not a smoke detector in the kitchen or in the heat plant room.	

R 400.729	Heating equipment.
	(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment must be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and maintained in a safe condition. Clothes dryers must be properly vented to the outside using permanent metal duct work.
At the time of the inspection, the dryer was not equipped with a solid metal duct.	
R 400.731	Flame-producing equipment; enclosures.
	(2) Heating plants and other flame-producing equipment located on the same level as the residents must be enclosed in a room that is constructed of material that has a 1-hour-fire-resistance rating and has a door made of 1-3/4-inch solid core wood. The door must be hung in a fully stopped wood or steel frame and must be equipped with an automatic self-closing device and positive-latching hardware.
At the time of the inspection, the door to the heat plant room was not positive latching.	

IV. RECOMMENDATION

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



05/13/2026

DaShawnda Lindsey
Licensing Consultant

Date