



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 12, 2026

Markeah Ames  
Village Of Virtue  
736 St. Aubin  
Detroit, MI 48207

RE: License #: AS820411588  
**Village Of Virtue**  
**2979 Hazelwood**  
**Detroit, MI 48206**

Dear Mrs. Ames:

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,



K. Robinson, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
3026 W Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820411588
<b>Licensee Name:</b>	Village Of Virtue
<b>Licensee Address:</b>	2977 Hazelwood St Detroit, MI 48207
<b>Licensee Telephone #:</b>	(313) 687-3729
<b>Licensee/Licensee Designee:</b>	Markeah Ames
<b>Administrator:</b>	Markeah Ames
<b>Name of Facility:</b>	Village Of Virtue
<b>Facility Address:</b>	2979 Hazelwood Detroit, MI 48206
<b>Facility Telephone #:</b>	(313) 656-4023
<b>Original Issuance Date:</b>	05/18/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/30/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 02

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
One resident left the home, the other resident was asleep.
- 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:  
2024: 315(3), 208(1), 205(5), 205(3), and 204(3) 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 330.1803 Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:**

**(a) Improve the score to at least the "slow" category.**

Licensee failed to complete E-scores upon admitting Resident B and C in the home. *Technical assistance provided.*

**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.**

Licensee failed to complete fire drills as required. Additionally, fire drill logs are incomplete; 7 out of 14 fire drill logs do not provide times each drill was completed. Therefore, compliance cannot be determined without the time of day.

- No daytime fire drills were completed during the 3<sup>rd</sup> and 4<sup>th</sup> quarters of 2024.
- No fire drills were completed during the 1<sup>st</sup> quarter of 2025.
- No afternoon fire drill was completed during the 2<sup>nd</sup> quarter of 2025.
- September 2025 fire drill log has no time recorded.
- 10/23/25, 11/3/25, and 12/1/25 fire drill logs do not record the actual time of day.
- 1/2/26, 2/1/26, and 3/1/26 fire drill logs do not record the actual time of time.

**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.

Licensee obtained at-hire physicals late. Direct care staff, Shaniqua Lewis was hired to work at the facility on 9/29/25; her physical health statement is dated 11/26/25. Direct care staff, Kawana Hayes was hired to work at the facility on 1/20/26; her physical health statement is dated 4/3/26.

**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.

(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

Observed Medication Administration Records that do not contain the signature of the person administering resident medication on 10/6/25. Specifically, Resident A's Trazodone 50 mg, Benztropine Mes 1 mg, and Risperidone 1mg was not initialed at 8:00 p.m.

**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 B was placed at the home on 3/26/26; Resident B has no health care appraisal on file. On the day of inspection, the licensee acknowledged Resident B had not received a physical exam to date.

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

Licensee failed to document that all applicable parties were contacted and agreed that no changes were necessary to make for Resident A's 2025 and 2026 Resident Care Agreement (RCA). The only RCA on file for Resident A is dated 4/29/24.

**IV. RECOMMENDATION**

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



05/12/26

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Kara Robinson  
Licensing Consultant

Date