



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 24, 2026

Maya Kemp  
Ellas AFC Homes  
470 Renaud Rd  
Grosse Pointe, MI 48236

RE: License #: AS820418815  
**Parker House-Faust**  
**9366 Faust**  
**Detroit, MI 48228**

Dear Maya Kemp:

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 black ink, appearing to read "D Walker".

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820418815

**Licensee Name:** Ellas AFC Homes

**Licensee Address:** 470 Renaud Rd  
Grosse Pointe, MI 48236

**Licensee Telephone #:**

**Licensee/Licensee Designee:** Maya Kemp

**Administrator:** Maya Kemp

**Name of Facility:** Parker House-Faust

**Facility Address:** 9366 Faust  
Detroit, MI 48228

**Facility Telephone #:** (313) 586-1441

**Original Issuance Date:** 03/25/2025

**Capacity:** 5

**Program Type:** PHYSICALLY HANDICAPPED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/23/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

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

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A full worksheet inspection was completed.
- 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 09/25/2025 MCL 400.713 (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 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 inspection, the hot water temperature for a resident's use throughout the home did not range between 105 to 120 degrees Fahrenheit.

- Kitchen, 142.1 degrees Fahrenheit
- Half bathroom, 132 degrees Fahrenheit
- Full bathroom, 129.4 degrees Fahrenheit

**R 400.647                      Safety and maintenance of premises.**

(13) Rugs on hard finished floors must have a nonskid backing.

At the time of inspection, I observed throw-rugs in the kitchen and hallway area that were not equipped with nonskid backing.

**\*CORRECTED ONSITE\***

**R 400.665                      Food service.**

(8) Kitchen appliances must be properly installed and maintained according to the manufacturer's instructions.

At the time of inspection, the front right burner on the stove was not working and/or maintained according to the manufacturer's instructions. The licensee designee used a fire starter tool to light the burner.

**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 inspection, I observed Borage oil 1000mg medication in Resident A's medication bin without a label instructions for use. The medication was not prescribed, ordered, or directed by an appropriately licensed health care professional.

Direct care staff, Precious Kemp stated that Resident A purchased the over-the-counter medication.

**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.

At the time of inspection, the following medications did not contain the initials of the individual who administered the medication at the time given.

Metformin Hcl 1000mg Tablet, take one tablet by mouth twice daily was not initialed 3/18/2026 through 3/23/2026 at 7a.m. The medication was not initialed 3/1/2026 through 3/4/2026 at 8p.m.

Atorvastatin 10mg Tablet, take one tablet by mouth at bedtime was not initialed 3/18/2026 through 3/22/2026 at 8p.m.

Risperidone 4mg TAB, take one tablet by mouth at bedtime was not initialed 3/18/2026 through 3/22/2026 at 8p.m.

Amlodipine Besylate Tab 5mg, take one tablet by mouth everyday was not initialed 3/18/2026 through 3/23/2026 at 8a.m.

Lisinopril 20mg TAB, take one tablet by mouth everyday was not initialed 3/18/2026 through 3/23/2026 at 8a.m.

Risperidone 2mg TAB take one tablet by mouth everyday was not initialed 3/18/2026 through 3/23/2026 at 8a.m.

Valproic Acid 250mg Capsule, take two capsules by mouth twice daily was 3/18/2026 through 3/23/2026 at 8a.m. The medication was not initialed/18/2026 through 3/22/2026 at 8p.m.

Divalproex Sod 500mg Tab, take one tablet by mouth twice daily was not initialed 3/1/2026 through 3/6/2026 or 3/18/2026 through 3/23/2026 at 7a.m The medication was not initialed 3/1/2026 through 3/5/2026 or 3/18/2026 through 3/23/2026 at 8p.m.

Direct care staff, Precious Kemp stated the medication administration records (MARs) were not initialed because Resident B eloped and she has been in and out of the hospital.

**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.

At the time of inspection, the fire door was not positive-latching to create a floor separation between the basement and the first floor.

I conducted an exit conference with licensee designee, Maya Kemp regarding the findings including quality-of-care violations. I provided Ms. Kemp an opportunity to explain the deficiencies. She stated she is aware the MARs must be completed daily, whether the resident is at the home or not, or if the resident refuses, it must be documented. She stated Ms. Kemp documented in Resident B's chart that she was hospitalized but failed to initial the MARs. She stated she has developed a ledger to use to indicate the resident is either in the hospital or eloped, such as "H or E." Ms. Kemp explained that the direct care staff has received medication training and she intends to provide additional training to ensure this error does not occur again.

#### **IV. RECOMMENDATION**

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



03/24/2026

---

Denasha Walker  
Licensing Consultant

Date