



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 12, 2026

Onome Akise
Rose's American Homes LLC
25083 Ross Dr.
Redford, MI 48239

RE: License #: AS820344486
Ross AFC Home
25083 Ross Dr
Redford, MI 48239

Dear Mr. Akise:

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 "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

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

License #: AS820344486

Licensee Name: Rose's American Homes LLC

Licensee Address: 25083 Ross Dr.
Redford, MI 48239

Licensee Telephone #: (248) 254-2285

Licensee/Licensee Designee: Onome Akise

Administrator: Onome Akise

Name of Facility: Ross AFC Home

Facility Address: 25083 Ross Dr
Redford, MI 48239

Facility Telephone #: (313) 694-3896

Original Issuance Date: 08/01/2014

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/09/2026

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 04

No. of others interviewed 01 Role: licensee designee

- 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:
02/26/25: 204(2)(b) 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 400.629 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:
(d) Personal care, supervision, and protection.**

Direct care staff, Marshawn Black and Michael Sodiq do not have verification of training in Personal care, supervision, and protection needs of residents in home.

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.

Licensee failed to annually review the health status of direct care staff, Marshawn Black and Michael Sodiq. Specifically, Marshawn is missing a health review statement for the year 2025 and Michael is missing annual health review statements for the last 2 years.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:
(g) Beginning and ending dates of employment on separation.

Licensee failed to document beginning dates of employment.

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.

On the day of inspection, the hot water temperature tested at 136 degrees Fahrenheit.

R 400.645 Environmental health.

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

Observed the kitchen trash can without a lid.

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.

Observed locking against egress hardware on 1 of 2 bathroom doors.

R 400.657 Bedrooms.

(4) Interior doorways of a resident bedroom must be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

Observed locking against egress hardware on 4 of 4 bedroom doors.

R 400.665 Food service.

(3) Food must be protected from contamination while being transported, stored, prepared, and served.

Observed food that was not protected against contamination while being served. Specifically, I observed a plate of cooked eggs, sausage, and a muffin sitting on the kitchen counter uncovered. Staff explained the plate was uneaten by a resident, so it was being saved for him.

R 400.673 Use of assistive devices, therapeutic support.

(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional, and the authorization must state the reason for and the term of the authorization.

No authorization on file for the use of Resident B's seated walker.

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.

Licensee didn't sign Resident B's annual AFC Assessment Plan dated 3/12/26.

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 didn't sign Resident B's annual Resident Care Agreement dated 3/12/26.

R 400.701 Required personnel policies.

(2) Written policies and procedures must be given to staff and volunteers at the time of hire or appointment. A verification of receipt of the policies and procedures must be maintained in the individual's personnel record.

Direct care staff, Marshawn Black and Michael Sodiq have no verification of receipt of personnel policies and procedures in their respective employee record.

R 400.701 Required personnel policies.

(3) The licensee shall have a written job description for each position. The job description must define the tasks, duties, and responsibilities of the position. Each staff and volunteer shall

receive a copy of their applicable job description. Verification of receipt of a job description must be maintained in the individual's personnel record.

Direct care staff, Marshawn Black and Michael Sodiq have no verification of receipt of job descriptions in their respective employee record.

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.

Observed the fire door does not close to form a positive latch.

IV. RECOMMENDATION

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



06/12/26

Kara Robinson
Licensing Consultant

Date