



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 12, 2026

Sandra Vinson
A Senior Promise LLC
18115 Kinross
Beverly Hills, MI 48206

RE: License #: AS820414523
A Senior Promise
20500 Fenton
Detroit, MI 48219

Dear Sandra Vinson:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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, appearing to read 'Denasha Walker'.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
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 #:	AS820414523
Licensee Name:	A Senior Promise LLC
Licensee Address:	18115 Kinross Beverly Hills, MI 48206
Licensee Telephone #:	(313) 656-7105
Licensee/Licensee Designee:	Sandra Vinson
Administrator:	Sandra Vinson
Name of Facility:	A Senior Promise
Facility Address:	20500 Fenton Detroit, MI 48219
Facility Telephone #:	(313) 656-7105
Original Issuance Date:	06/12/2025
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/05/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 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.
Lunch was prepared and served prior to the onsite inspection. Meal preparation/service was not observed.
- 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 02/29/2026 R400.615, R400.619 (8), R400.629 (5), R400.631 (2),
R400.639 (1), R400.647 (14), R400.655 (1), R400.665 (8), R400.669 (1),
R400.673 (2), R400.675 (4)(b), R400.685 (4), R400.685 (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 400.627

Licensee and administrator training requirements.

(2) A licensee and administrator shall complete the department training titled "AFC New Provider Training" within 6 months of the initial license being issued or within 6 months of being hired as applicable. If an individual has documentation of completing this training previously, they are not required to take this training again.

Sandra Vinson, licensee designee, did not complete the department training titled "AFC New Provider Training" within 6 months of the initial license being issued.

A corrective action plan was requested and approved on 08/05/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



08/12/2026

Denasha Walker
Licensing Consultant

Date