



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 14, 2020

Lora Davis  
Davis Care Network, Inc.  
3307 Houston  
Dearborn, MI 48124

RE: License #: AS820294977  
**Houston Special Needs Center**  
**3307 Houston**  
**Dearborn, MI 48124**

Dear Ms. Davis:

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,



Edith Richardson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-1934

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820294977

**Licensee Name:** Davis Care Network, Inc.

**Licensee Address:** 3307 Houston  
Dearborn, MI 48124

**Licensee Telephone #:** (313) 590-9139

**Licensee/Licensee Designee:** Lora Davis, Designee

**Administrator:** Lora Davis

**Name of Facility:** Houston Special Needs Center

**Facility Address:** 3307 Houston  
Dearborn, MI 48124

**Facility Telephone #:** (313) 278-2805

**Original Issuance Date:** 03/12/2009

**Capacity:** 6

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

## II. METHODS OF INSPECTION

Date of virtual Inspection(s): 05/13/2020

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] Role: [redacted]

- 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.  
N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
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 400.14401**

**Food service.**

(4) All food service equipment and utensils shall be constructed of material that is nontoxic, easily cleaned, and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.

A burner on the stove did not work.

**R 400.14506**

**Fire extinguishers; location, examination, and maintenance.**

(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.

Annual examination and maintenance of the fire extinguishers had not been completed.

**R 400.14512**

**Electrical service.**

(1) The electrical service of a home shall be maintained in a safe condition.

The light switch in bedroom # 2 did not work.

### IV. RECOMMENDATION

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



Edith Richardson  
Licensing Consultant

05/14/2020  
Date

May 19, 2020

## ADDENDUM

### I. IDENTIFYING INFORMATION

<b>License #:</b>	AS820294977
<b>Licensee Name:</b>	Davis Care Network, Inc.
<b>Licensee Address:</b>	3307 Houston Dearborn, MI 48124
<b>Licensee Telephone #:</b>	(313) 590-9139
<b>Licensee/Licensee Designee:</b>	Lora Davis, Designee
<b>Administrator:</b>	Lora Davis
<b>Name of Facility:</b>	Houston Special Needs Center
<b>Facility Address:</b>	3307 Houston Dearborn, MI 48124
<b>Facility Telephone #:</b>	(313) 278-2805
<b>Original Issuance Date:</b>	03/12/2009
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

### II. PURPOSE

Additional information and amending original recommendation.

### III. DESCRIPTION OF FINDINGS AND CONCLUSION

During this investigation the licensee designee, Lora Davis stated the above violations occurred during the COVID-19 pandemic. Ms. Davis stated she will make the repairs as soon as the stay at home executive order is lifted.

Failure to implement your plan of correction may result in disciplinary action

**IV. RECOMMENDATION**

I recommend issuance of a regular license.



Edith Richardson  
Licensing Consultant

05/19/2020

Date