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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 6, 2022

Sherman Taylor Taylor's Special Care Services, Inc. Ste 210 23800 West Ten Mile Rd Southfield, MI 48034

RE: License #: AS630313908

Lee Baker 24105 Lee Baker Southfield, MI 48075

Dear Mr. Taylor:

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 (248) 975-5053.

Sincerely,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B

51111 Woodward Avenue Pontiac, MI 48342

(248) 505-8036

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

### I. IDENTIFYING INFORMATION

**License #:** AS630313908

**Licensee Name:** Taylor's Special Care Services, Inc.

Licensee Address: Ste 210

23800 West Ten Mile Rd Southfield, MI 48034

**Licensee Telephone #:** (248) 350-0357

Licensee/Licensee Designee: Sherman Taylor

Administrator: Sherman Taylor

Name of Facility: Lee Baker

Facility Address: 24105 Lee Baker

Southfield, MI 48075

**Facility Telephone #:** (248) 350-0357

Original Issuance Date: 10/18/2012

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		08/24/2022
Date of Bureau of Fire Services Inspection if applicable: N/A		e: N/A
Date of Health Authority Inspection if applicable:		N/A
Inspection Type:	☐ Interview and Observa	tion ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed No. of residents interviewed No. of others interviewed	ewed and/or observed	1
Medication pass / s	simulated pass observed? Yes	No □ If no, explain.
Medication(s) and medication record(s) reviewed? Yes ⊠ No □ If no, explain		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ⋈ If no, explain.</li> <li>Meal preparation / service observed? Yes ⋈ No ⋈ If no, explain. The inspection did not occur during a meal time.</li> <li>Fire drills reviewed? Yes ⋈ No ⋈ If no, explain.</li> </ul>		
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.		
If no, explain.	? (Special Certification Only) Yes checked? Yes ⊠ No □ If r	
Incident report follow-up? Yes ⊠ No □ If no, explain.		
Renewal 2020- s80 as402(3), N/A	olan compliance verified? Yes [ 03(1), s803(6), as301(9), as315 ed employees followed-up?	
<ul><li>Variances? Yes</li></ul>		$\bowtie$

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

MCL 400.734b

Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (a) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

There was no verification that staff Freddie Peeples and staff Joress George were fingerprinted under the Lee Baker license (AS6303139080.

R 400.14203 Licensee and administrator training requirements.

- (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:
- (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

There was no verification that licensee designee/administrator Sherman Taylor completed 16 hours of approved training in 2020 and 2021.

## IV. RECOMMENDATION

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

DaShawnda Lindsey Date Licensing Consultant