



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 11, 2022

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

RE: License #: AS630276023  
**Bond Home**  
**31555 Bond**  
**Farmington Hills, MI 48334**

Dear Mr. Taylor:

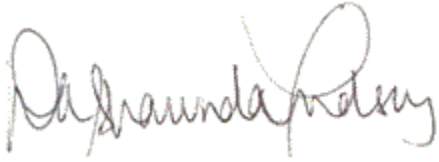
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and special certification 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,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
Detroit, MI 48202  
(248) 505-8036

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630276023

**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:** Bond Home

**Facility Address:** 31555 Bond  
Farmington Hills, MI 48334

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

**Original Issuance Date:** 09/15/2006

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/26/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Quality Control Manager

- 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.  
The inspection did not occur during a meal time.
- 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:  
Renewal 2020- S803(6), as301(9), and as301(4) 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 400.14203 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.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

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

**R 400.14204 Direct care staff; qualifications and training.**

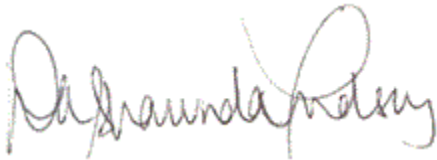
**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(b) First aid.**

There was no verification staff Charles Riley had current First Aid certification.

**IV. RECOMMENDATION**

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



10/11/2022

DaShawnda Lindsey  
Licensing Consultant

Date