

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

December 8, 2023

Roderick Davis Davis Better Care LLC 722 Fifth St Jackson, MI 49203

RE: License #: AS380411620

Davis Better Care III 1705 Fourth St. Jackson, MI 49203

Dear Mr. Davis:

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 a Statement of Correction by December 26, 2023.

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,

Mahtina Rubeitius

Mahtina Rubritius, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd., Ste. #9-100 Detroit, MI 48202 (517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AS380411620

Licensee Name: Davis Better Care LLC

Licensee Address: 722 Fifth St

Jackson, MI 49203

Licensee Telephone #: (517) 937-6721

Licensee/Licensee Designee: Roderick Davis

Administrator: Roderick Davis

Name of Facility: Davis Better Care III

Facility Address: 1705 Fourth St.

Jackson, MI 49203

Facility Telephone #: (517) 539-5915

Original Issuance Date: 06/13/2023

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 12/05/2023		
Date	e of Bureau of Fire Services Inspection if applicable: N/A		
Date	e of Health Authority Inspection if applicable: N/A		
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed O Role:		
•	Medication pass / simulated pass observed? Yes \boxtimes No \square 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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. The on-site inspection was not concurrent with the mealtimes. Fire drills reviewed? Yes \boxtimes No \square If no, explain.		
•	Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes No N/A Street No No N/A Street No No N/A N/A No N/A		
•	Incident report follow-up? Yes \(\subseteq \text{No } \subseteq \text{If no, explain.} \) Incident Reports are no longer required to be submitted to LARA. Corrective action plan compliance verified? Yes \(\subseteq \text{CAP date/s and rule/s:} \) R 400. 14318 (5), R 400. 14401 (2), R 400. 14403 (1) N/A \(\subseteq \text{N/A } \subseteq \) Number of excluded employees followed-up? N/A \(\subseteq \text{N/A } \subseteq \)		
•	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 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

The resident funds accepted for safe keeping were not documented accurately on the Resident Funds Part II form.

A corrective action plan was requested and approved on 12/05/2023. 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 and the special certification is recommended.

. Mahtina Rubeitius	12/08/2023
Licensing Consultant	Date