



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 16, 2025

Yolanda McKinney  
CHHC, Inc. d/b/a Caring Hearts Home Care, Inc.  
14955 Greenfield  
Detroit, MI 48227

RE: License #: AS820093911  
**Caring Hearts Home Care, Inc.**  
**14955 Greenfield**  
**Detroit, MI 48227**

Dear Ms. McKinney:

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:

- An on-site inspection will be conducted.

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) 456-0439.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820093911
<b>Licensee Name:</b>	CHHC, Inc. d/b/a Caring Hearts Home Care, Inc.
<b>Licensee Address:</b>	14955 Greenfield Detroit, MI 48227
<b>Licensee Telephone #:</b>	(313) 658-3900
<b>Licensee/Licensee Designee:</b>	Yolanda McKinney, Designee
<b>Administrator:</b>	
<b>Name of Facility:</b>	Caring Hearts Home Care, Inc.
<b>Facility Address:</b>	14955 Greenfield Detroit, MI 48227
<b>Facility Telephone #:</b>	(313) 493-3900
<b>Original Issuance Date:</b>	04/24/2002
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/01/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 03

No. of residents interviewed and/or observed 01

No. of others interviewed 01 Role: Licensee, Ms. McKinney

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Staff administered resident medication and didn't remember that I requested to observe.
- 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 prepared in a separate area, so I missed the preparation as I reviewed records in a different room.
- 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:  
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 400.14205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

Direct care staff, Toi Wilson was hired to work at the facility on 5/10/24; she has no signed statement by a licensed physician that attests to her physical health status within 30 days of employment.

**R 400.14312**      **Resident medications.**

**(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**

**(b) Complete an individual medication log that contains all of the following information:**

- (i) The medication.**
- (ii) The dosage.**
- (iii) Label instructions for use.**
- (iv) Time to be administered.**
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**
- (vi) A resident's refusal to accept prescribed medication or procedures.**

Observed Medication Administration Records during the month of March 2025 that do not contain the signature of the person(s) administering resident medication.

This is a **REPEAT VIOLATION**; See 2023 Renewal LSR. On 4/6/23, Ms. McKinney submitted an approved corrective action plan to address the rule violation, but to date, the plan has not been successfully implemented based on today's repeat violation.

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The licensee did not ensure that EVENING drills were completed during the first and second quarters in 2024.

A corrective action plan was requested and approved on 04/01/2025. 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.



04/16/25

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Kara Robinson  
Licensing Consultant

Date