GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 22, 2025

Barbara Davis
17161 Bell Creek Lane
Livonia, MI 48152

RE: License #: AF820413183
Davis AFC Home
17161 Bell Creek Lane
Livonia, MI 48152

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. will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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,



Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #:	AF820413183
Licensee Name:	Barbara Davis
Licensee Address:	17161 Bell Creek Lane Livonia, MI 48152
Licensee Telephone #:	(734) 744-7425
Licensee/Licensee Designee:	N/A
Administrator:	
Name of Facility:	Davis AFC Home
Facility Address:	17161 Bell Creek Lane Livonia, MI 48152
Facility Telephone #:	(248) 982-5290
Original Issuance Date:	02/22/2023
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/22/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: Responsible Person

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
  A full worksheet inspection was completed.
- 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.
  Meal preparation or serivce was not observed. No residents were present at the time of inspection.
- 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 400.1418 Resident medications.

(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:

(a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

At the time of inspection, Residents A and B medication administration records were not accurately maintained as to the time and amount of any prescription medication given. Some of Resident A and B's medications were not recorded as given and prematurely were prematurely recorded on 7/22/2025.

Resident A

Peridex Chlorhexidine Gluconate 0.12% PO SOL, swish & spit 1 capful (15ml) by mouth twice a day as directed was recorded as given prematurely for the 8:00 p.m. dose on 7/22/2025.

Catapres clonidine Hydrochloride 0.1MG PO TAB, take 1 tablet by mouth three times a day was recorded as given prematurely for the 4:00 p.m. and 8:00 p.m. dose on 7/22/2025.

Depakote ER Divaproex sodium ER 250MG PO TAB, take 1 tablet by mouth in the morning and 3 tablets at bedtime were recorded as given prematurely for the 8:00 p.m. dose on 7/22/2025.

Atarax Hydroxyzine HCL 50MG PO TAB, take 1 tablet by mouth twice a day was recorded as given prematurely for the 8:00 p.m. dose on 7/22/2025.

Resident B

Melatonin 10MG PO TAB, take 1 tablet by mouth once a day at night was recorded as given prematurely for the 8:00 p.m. dose on 7/22/2025.

Mucinex ER Mucus Relief (guaifenesin) ER 600MG PO TAB, take 1 tablet by mouth twice a day was recorded as given prematurely for the 8:00 p.m. dose on 7/22/2025.

Zyprexa Olanzapine 20MG PO TAB, take 1 tablet by mouth once a day at bedtime was recorded as given prematurely for the 8:00 p.m. dose on 7/22/2025.

Dilantin Infatabs Phenytonin Chew 50MG PO TAB Chew 1 & ½ tablets by mouth twice a day (morning & night) was recorded as given prematurely for the 8:00 p.m. dose on 7/22/2025.

Senokot Senna (sennosides) 8.6MG PO TAB, take 2 tablets by mouth once a day at bedtime was recorded as given prematurely for the 8:00 p.m. dose on 7/22/2025.

Vitamin D 1000IU (25MCG) PO CAP, take 1 capsule by mouth twice a day was recorded as given prematurely for the 8:00 p.m. dose on 7/22/2025.

Catapres clonidine Hydrochloride 0.1MG PO TAB, take 1 tablet by mouth three times a day was recorded as given prematurely for the 4:00 p.m. and 8:00 p.m. dose on 7/22/2025.

Colace Docusate Sodium 100MG PO CAP, take 1 capsule by mouth twice a day (please mix with milk or juice) was recorded as given prematurely at 8:00 p.m. dose on 7/22/2025.

Prevacid Lansoprazole DR 30MG PO CAP, take 1 capsule by mouth twice a day 30 minutes prior to meals was recorded as given prematurely at 8:00 p.m. dose on 7/22/2025.

Keppra Levetiracetam 750MG PO TAB, take 1 tablet by mouth three times a day was recorded as given prematurely for the 4:00 p.m. and 8:00 p.m. dose on 7/22/2025.

R 400.1418 Resident medications.

(2) Medication shall be given pursuant to label instructions.

Based on Resident A and B's records, medication were not given pursuant to label instructions. There was no record that the following medication was given:

Resident A

Synthroid Levothyroxine Sodium 50MCG PO TAB, take 1 tablet by mouth once a day was not given pursuant to label instructions on 7/22/2025 at 8:00 a.m.

Ativan Lorazepam 1MG PO TAB, take 1 tablet by mouth twice a day (9 a.m. & 9 p.m.) was not given pursuant to label instructions on 7/22/2025 at 9:00 a.m.

Revia Naltrexone HCL 50MG PO TAB, take 1 tablet by mouth twice a day was not given pursuant to label instructions on 7/22/2025 at 8:00 a.m.

Nuedexta 20MG/10MG PO CAP, take 1 capsule by mouth twice a day was not given pursuant to label instructions on 7/22/2025 at 8:00 a.m.

Invega Paliperidone ER 3MG PO TAB, take 1 tablet by mouth once a day in the morning was not given pursuant to label instructions on 7/22/2025 at 8:00 a.m.

Prenatal Plus prenatal vitamins Plus PO TAB, take 1 tablet by mouth once a day was not given pursuant to label instructions on 7/22/2025 at 8:00 a.m.

Seroquel Quetiapine Fumarate 50MG PO TAB, take 1 tablet by mouth in the morning and 1 tablet in the evening (4p.m.) was not given pursuant to label instructions on 7/22/2025 at 8:00 a.m.

Vitamin B-12 250MCG PO TAB, take 1 tablet by mouth once a day was not given pursuant to label instructions on 7/22/2025 at 8:00 a.m.

Resident B

Luvox Fluvoxamine Maleate 100MG PO TAB, take 1 tablet by mouth in the morning and 2 tablets at bedtime were not given pursuant to label instructions from 7/01/2025 through on 7/22/2025.

R 400.1438 Emergency preparedness; evacuation plan; emergency transportation.

(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.

At the time of inspection, two of the four required fire drills were not conducted during sleeping hours in 2024. In 2024, fire drills were conducted during the following:

• 3/14/2024 at 7:30 a.m.
• 6/10/2024 at 1:00 a.m.
• 9/26/2024 at 6:00 p.m.

R 400.1421 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.

At the time of inspection, Residents A and B resident funds part I was not available for department review.

07/23/2025, I completed an exit conference with Barbara Davis, Licensee regarding the findings including quality-of-care violations. I provided Ms. Davis with the opportunity to explain the deficiencies. Ms. Davis stated it was an honest mistake as she was administering medications prior to taking the residents to their scheduled appointments. She stated both residents are prescribed several medications, and 8:00 p.m. was initialed opposed to 8:00 a.m., she stated it was an oversight. She stated historically she has never had any violations. I explained that medications are significant as it pertains to quality-of-care and due to the violations cited in the report, a written corrective action plan is required, in which she agreed to submit.

IV. RECOMMENDATION

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



7/23/2025

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Denasha Walker Date
Licensing Consultant