



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 5, 2025

Carol Davis
My Peaceful Refuge, LLC
22200 W. 11 Mile Rd
Southfield, MI 48037

RE: License #: AS820405667
My Peaceful Refuge
20428 Norborne St.
Redford Township, MI 48240

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.

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, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

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

I. IDENTIFYING INFORMATION

License #:	AS820405667
Licensee Name:	My Peaceful Refuge, LLC
Licensee Address:	20428 Norborne Redford Charter Twp, MI 48240
Licensee Telephone #:	(313) 492-8951
Licensee/Licensee Designee:	Carol Davis, Designee
Administrator:	Carol Davis
Name of Facility:	My Peaceful Refuge
Facility Address:	20428 Norborne St. Redford Township, MI 48240
Facility Telephone #:	(313) 766-4180
Original Issuance Date:	02/10/2021
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):08/01/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

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

- 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.
- 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.
N/A
- 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 400.14203 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.

The licensee did not complete the annual educational requirements in 2024.

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:

(a) Reporting requirements.

(b) First aid.

(c) Cardiopulmonary resuscitation.

(d) Personal care, supervision, and protection.

(e) Resident rights.

(f) Safety and fire prevention.

(g) Prevention and containment of communicable diseases.

The personnel records did not contain documentation to verify that direct care staff were competent in the above areas before performing assigned tasks.

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 April Rick's physical was not completed within 30 days of hire. The employee record indicated she was hired on 05/05/2025, her physical is dated 07/16/2025.

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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Direct care staff April Rick's TB test result was not completed prior to her employment date. The employee record indicated she was hired on 05/05/2025, her TB test result is dated 07/19/2025.

R 400.14207

Required personnel policies.

(1) A licensee shall have written policies and procedures that include all of the following:

- (a) Mandatory reporting, including reporting that is required by law.
- (b) Resident care related prohibited practices.
- (c) Confidentiality requirements, including requirements specified in law.
- (d) Training requirements.
- (e) Resident rights.
- (f) The process for reviewing the licensing statute and administrative rules.

The licensee did not have written personnel policies in all of the above areas.

R 400.14207

Required personnel policies.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

The personnel records did not contain receipt of the policies and procedures.

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.

A fire drill during sleeping hours was not conducted in the second quarter of 2025.

IV. RECOMMENDATION

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



Edith Richardson
Licensing Consultant

07/05/2025

Date

August 15, 2025

ADDENDUM

I. IDENTIFYING INFORMATION

License #:	AS820405667
Licensee Name:	My Peaceful Refuge, LLC
Licensee Address:	20428 Norborne Redford Charter Twp, MI 48240
Licensee Telephone #:	(313) 492-8951
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Facility Telephone #:	(313) 766-4180
Original Issuance Date:	02/10/2021
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. PURPOSE

To correct the signature date on the report and to remove a citation.

III. DESCRIPTION OF FINDINGS AND CONCLUSIONS

The signature date on the renewal licensing study report reads 07/05/2025. It should be 08/05/2025.

Licensing rule 400. 14205 (5) was cited in error. April Ricks did have a TB test prior to her employment.

IV. RECOMMENDATION

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

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson
Licensing Consultant

08/15/2025
Date