



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 23, 2026

Betty Mackie  
Henrys Inc.  
P.O. Box 81733  
Rochester, MI 48308

RE: License #: AS820311703  
**Henrys Inc. LaShae Home**  
**19438 Beech Daly Road**  
**Redford, MI 48240**

Dear Betty Mackie:

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 black ink that reads "Regina Buchanan". The signature is written in a cursive, flowing style.

Regina Buchanan, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3029

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820311703

**Licensee Name:** Henrys Inc.

**Licensee Address:** P.O. Box 81733  
Rochester, MI 48308

**Licensee Telephone #:** (313) 910-2951

**Licensee/Licensee Designee:** Betty Mackie

**Administrator:** Sheila Hawkins

**Name of Facility:** Henrys Inc. LaShae Home

**Facility Address:** 19438 Beech Daly Road  
Redford, MI 48240

**Facility Telephone #:** (313) 910-2951

**Original Issuance Date:** 08/03/2011

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/20/2026

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed N/A Role: 0

- 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.  
Resident had already eaten.
- 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.  
None
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
01/25/2024/Rules:806(2), 310(3), 312(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 400.647                      Safety and maintenance of premises.**

**(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

Resident bedroom door (located in the rear) and bathroom door (located to the right of hallway) did not latch when closed.

**R 400.685                      Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

**(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.**

Resident A's assessment plan for the year 2026 was not completed. It was due to be updated 01/14/2025.

**R 400.685                      Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

**(8) A resident care agreement must be signed by all applicable parties. A copy of the signed resident care agreement along with copies of the policies listed in subrule (6) of this rule must be provided to the resident or the resident's designated representative and maintained in the resident's record.**

Resident A's care agreement for the year 2026 was not completed. It was due to be updated 01/14/2025.

#### IV. RECOMMENDATION

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



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Regina Buchanan  
Licensing Consultant

01/23/2026  
Date