



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 5, 2026

Jasmine Andrews  
Complete Best Care LLC  
18072 Woodingham Drive  
Detroit, MI 48221

RE: License #: AS820415312  
**Complete Best Care**  
**18072 Woodingham Drive**  
**Detroit, MI 48221**

Dear Ms. Andrews:

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 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 that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "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>	AS820415312
<b>Licensee Name:</b>	Complete Best Care LLC
<b>Licensee Address:</b>	18072 Woodingham Drive Detroit, MI 48221
<b>Licensee Telephone #:</b>	(313) 828-3020
<b>Licensee/Licensee Designee:</b>	Jasmine Andrews
<b>Administrator:</b>	Jasmine Andrews
<b>Name of Facility:</b>	Complete Best Care
<b>Facility Address:</b>	18072 Woodingham Drive Detroit, MI 48221
<b>Facility Telephone #:</b>	(313) 340-2352
<b>Original Issuance Date:</b>	08/09/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/29/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 01

No. of others interviewed 01 Role: Licensee designee

- 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.
- 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 330.1803                      Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:**

**(a) Improve the score to at least the "slow" category.**

2 of 10 individual E-scores not completed within the 2-year review period.

**R 400.629                      Direct care staff; qualifications and training.**

**(5) 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 trained and competent in all of the following areas before performing assigned tasks independently:**

**(b) First aid.**

Direct care staff, Alaina Curry's employee record had no verification of completion of First Aid training.

**R 400.639                      Staff records.**

**(1) A licensee shall maintain a record for each staff that contains all of the following:**

**(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.**

DCS Alaina Curry and Angel Andrews employee records had no verification of reference checks completed.

**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.

Observed the toilet seat in the upstairs bathroom is very loose.

**R 400.675                    Resident medications.**

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

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

(i) Medication name.

(ii) Dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) Initials of the individual who administered the medication at the time given.

(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

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

**R 400.701                    Required personnel policies.**

(2) Written policies and procedures must be given to staff and volunteers at the time of hire or appointment. A verification of receipt of the policies and procedures must be maintained in the individuals personnel record.

DCS Alaina Curry and Angel Andrews employee records lacked verification of receipt of personnel policies and procedures.

#### IV. RECOMMENDATION

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



02/06/26

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Kara Robinson  
Licensing Consultant

Date