



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 25, 2026

Yvette Scruggs  
24655 Thorndyke  
Southfield, MI 48034

RE: License #: AS820081359  
**L and V'S Adult Foster Home**  
**22116 W. Six Mile**  
**Detroit, MI 48219**

Dear Yvette Scruggs:

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) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820081359

**Licensee Name:** Yvette Scruggs

**Licensee Address:** 24655 Thorndyke  
Southfield, MI 48034

**Licensee Telephone #:** (248) 945-1802

**Licensee/Licensee Designee:** Yvette Scruggs

**Administrator:** Yvette Scruggs

**Name of Facility:** L and V'S Adult Foster Home

**Facility Address:** 22116 W. Six Mile  
Detroit, MI 48219

**Facility Telephone #:** (313) 533-1355

**Original Issuance Date:** 10/09/1998

**Capacity:** 4

**Program Type:** MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/20/2026

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: Licensee designee, husband

- 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.  
The inspection did not occur during a meal time.
- 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.  
There were no incident reports that required a follow-up.
- 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:	
<b>R 400.619</b>	<b>Emergency preparedness plan.</b>
	<b>(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.</b>
During fourth quarter of 2024, a fire drill was not conducted from 3pm to 11pm. During first quarter of 2025, a fire drill was not conducted from 11pm to 7am.	
<b>R 400.623</b>	<b>Applicant, licensee and administrator qualifications; licensee, administrator and staff requirements; parole or probation or convicted of felony.</b>
	<b>(2) An applicant, licensee, and administrator shall be competent in all of the following areas: (b) First aid.</b>
There was no verification licensee designee Yvette Scruggs has current First Aid certification.	
<b>R 400.627</b>	<b>Licensee and administrator training requirements.</b>
	(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours: (a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement. (b) 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 accepted by the department.
Ms. Scruggs completed 32 hours of training in 2026. There was no verification that she completed 16 hours of training in 2024 and 2025.	
<b>R 400.629</b>	<b>Direct care staff; qualifications and training.</b>
	(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care

	<p>staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:</p> <p>(a) Reporting requirements.</p> <p>(d) Personal care, supervision, and protection.</p>
<p>There was no verification that staff Brittney Auld completed training in the above areas.</p>	
<b>R 400.631</b>	<b>Health screenings.</b>
	<p>(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.</p>
<p>Ms. Adul had a medical in March 2024 and March 2026. There was no verification of her health status in 2025.</p>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<p>(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.</p>
<p>Resident A was not administered Colace100mg on 03/20/2026 at 8am. I observed the pill still in the bubble pack.</p>	
<b>R 400.675</b>	<b>Resident medications.medications.</b>
	<p>(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.</p>
<p>Resident B's Pro Air HFA and Breo Ellipta are not kept in a locked cabinet. The resident had them on him at the time of the inspection.</p>	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<p>(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge</p>

	summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.
Resident A's and Resident B's health care appraisals were dated 12/12/2023 and 03/18/2026. There was no verification there was a health care appraisal completed for the residents annually.	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	(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 plans were dated 08/23/2023 and 08/18/2025. Resident B's assessment plans were dated 08/20/2023 and 08/18/2025. There was no verification there was an assessment plan completed for the residents annually.	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following: (b) The services to be provided and the fee for those services.
Per Resident B's resident care agreement, Resident B pays a basic fee of \$851. However, Resident B pays a basic fee of \$1,035.	
<b>R 400.691</b>	<b>Resident records.</b>
	(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: (a) Personal information including all of the following: (x) Funeral provisions, preferences, and contact information. (d) Health care information including all of the following: (iv) Medical insurance.

The above information was not listed on Resident B's Information and Identification Record.

**IV. RECOMMENDATION**

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



03/25/2026

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DaShawnda Lindsey  
Licensing Consultant

Date