



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 3, 2025

Sherman Taylor
Taylor's Special Care Services, Inc.
Ste 210
23800 West Ten Mile Rd
Southfield, MI 48034

RE: License #: AS630282992
Somerset Home
29434 Somerset
Southfield, MI 48076

Dear Mr. Taylor:

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 (248) 972-9136.

Sincerely,

A handwritten signature in blue ink that reads "Sara E. Shaughnessy". The signature is fluid and cursive, with the first name "Sara" being the most prominent.

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 320-3721

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

I. IDENTIFYING INFORMATION

License #: AS630282992

Licensee Name: Taylor's Special Care Services, Inc.

Licensee Address: Ste 210
23800 West Ten Mile Rd
Southfield, MI 48034

Licensee Telephone #: (248) 350-0357

Licensee/Licensee Designee: Sherman Taylor

Administrator: Sherman Taylor

Name of Facility: Somerset Home

Facility Address: 29434 Somerset
Southfield, MI 48076

Facility Telephone #: (248) 395-1508

Original Issuance Date: 09/19/2006

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/29/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Director of Quality Assurance

- 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:
06/19/2023; 400.14203, 400.14210, 400.14403 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 400.14205	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 member, Quania Atkins, does not have a statement signed by a physician, attesting to her physical health.	
R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.

Resident A is prescribed haloperidol, 5 mg, one tablet, by mouth, twice per day. Her medication administration record (MAR) shows it was not initialed on 05/19/2025 for her AM dose. Resident A is also prescribed cetirizine tab, 10 mg, one tablet by mouth, once daily. Her MAR shows it was not initialed on 05/20/2025.

R 400.14403	Repeat Violation Established, see LSR dated: 06/15/2023, CAP dated: 06/19/2023. Maintenance of premises.
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	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.
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There was a pipe, near the hot water heater, that was observed to be leaking.

R 400.14312	Resident medications.
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	(2) Medication shall be given, taken, or applied pursuant to label instructions.
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Resident A has a prescription for fluphenazine 5mg, take two by mouth, three times daily. Her MAR indicates she was administered the medication on 05/26/2025, but the medication for that day was still in the blister packet.

Resident B has a prescription for carbamazepine 200 mg, take two twice daily. Her MAR indicates she was administered the medication on 05/26/2025, but the medication for that day was still in the blister packet.

IV. RECOMMENDATION

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



Sara Shaughnessy
Licensing Consultant

Date

