GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 21, 2026

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

RE: License #: AS820419311
Complete Best Care- Snowden
16193 Snowden
Detroit, MI 48235

Dear Jasmine 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 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,



Kellie Garner, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(248)915-8117

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

I. IDENTIFYING INFORMATION

License #:	AS820419311
Licensee Name:	Complete Best Care LLC
Licensee Address:	18072 Woodingham Drive Detroit, MI 48221
Licensee Telephone #:	(313) 828-3020
Licensee Designee/ Administrator:	Jasmine Andrews, Designee
Name of Facility:	Complete Best Care- Snowden
Facility Address:	16193 Snowden Detroit, MI 48235
Facility Telephone #:	(313) 528-7321
Original Issuance Date:	09/25/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):09/09/26

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 3
No. of residents interviewed and/or observed 4
No. of others interviewed 2 Role: licensee designee, house mngr

- 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 ☐
  There was a youth variance approved for this license. At the time of this renewal,the youth is no longer in the home, and was discharged home.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.645	**Environmental health.**
	(8) A habitable room must have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. From April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes must be supplied with a standard screen of not less than 16 mesh.

During the onsite inspection upstairs Resident B's bedroom was missing the standard screen.

R 400.647	**Safety and maintenance of premises.**
	(6) Plumbing fixtures and water and waste pipes must be properly installed and maintained in good working condition.

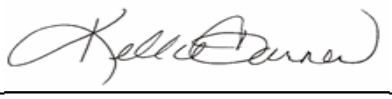
During this onsite inspection of the physical plant, the upstairs bathroom sink was leaking water from the pipes.

R 400.691	**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: (g) Contact the appropriately licensed health care professional when a resident refuses a prescribed medication or procedure. A licensee, administrator, or staff shall document and follow the instructions given by the licensed health professional. Documented instructions may include procedures to follow when a resident refuses medication or procedures in the future.

During the onsite inspection Medication Administration Records were reviewed. The Medication Administration Record of Resident A indicated medication refusals on 08/17/2026, 08/18/2026, and 08/20/26. There was no documentation of contact with a licensed health care professional indicating procedures or instructions to follow based on Resident A's medication refusal.

IV. RECOMMENDATION

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



09/21/26

Kellie Garner
Licensing Consultant

Date