



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 14, 2022

Ruth Mcrae
Daisy Caring Hands Assisted Living, LLC
16231 Inkster Road
Taylor, MI 48180

RE: License #: AS820398771
Daisy Caring Hands Living, LLC
16231 Inkster Rd.
Taylor, MI 48180

Dear Ms. Mcrae:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

Licensee #: AS820398771

Licensee Name: Daisy Caring Hands Assisted Living, LLC

Licensee Address: 16231 Inkster Road
Taylor, MI 48180

Licensee Telephone #: (313) 529-6985

Licensee/Licensee Designee: Ruth Mcrae

Administrator: Angelica Magee

Name of Facility: Daisy Caring Hands Living, LLC

Facility Address: 16231 Inkster Rd.
Taylor, MI 48180

Facility Telephone #: (313) 529-6985

Original Issuance Date: 11/15/2019

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/09/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 1

No. of others interviewed 1 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:
CAP Dated 06/16/2022 MCL 400.743b, R 400.14203 (1), R 400.14205 (3),
R 400.14205 (5), R 400.14208 (1), R 400.14301 (10), R 400.14301 (4),
R 400.14301 (9), R 400.14310 (3), R 400.14312 (2), R 400.14312 (4),
R 400.14315 (3), R 400.14316 (1)(d), R 40.14318 (5), R 400.14401 (6),
R 400.14402 (3), R 400.14201 (9) 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 determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



11/14/2022

Denasha Walker
Licensing Consultant

Date