



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 9, 2023

Roderick Davis  
Davis Better Care LLC  
722 Fifth St  
Jackson, MI 49203

RE: License #: AS380392603  
**Davis Better Care**  
**722 Fifth St**  
**Jackson, MI 49203**

Dear Mr. Davis:

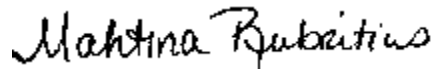
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd., Ste. #9-100  
Detroit, MI 48202  
(517) 262-8604  
(517) 763-0211(Fax)

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS380392603
<b>Licensee Name:</b>	Davis Better Care LLC
<b>Licensee Address:</b>	722 Fifth St Jackson, MI 49203
<b>Licensee Telephone #:</b>	(517) 937-6721
<b>Licensee/Licensee Designee:</b>	Roderick Davis
<b>Administrator:</b>	Roderick Davis
<b>Name of Facility:</b>	Davis Better Care
<b>Facility Address:</b>	722 Fifth St Jackson, MI 49203
<b>Facility Telephone #:</b>	(517) 748-7034
<b>Original Issuance Date:</b>	10/12/2018
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/09/2023

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 4

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- 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: R 330.1803 N/A
- Number of excluded employees followed-up? 1 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 400.14315 Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

- A review of the file for Resident A reflected that the accounting information on the *Resident Funds Part II* form was inaccurate.

**R 400.14401 Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.**

- The hot water temperature was 130 degrees Fahrenheit at the faucet.
- The temperature on the water heater was turned down prior to the conclusion of the on-site inspection.

**R 400.14407 Bathrooms.**

**(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.**

- The upstairs bathroom door was equipped with locking-against-egress hardware.

**R 400.14507**

**Means of egress generally.**

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

- The screen doors leading to the first and second required means of egress were equipped with locking-against-egress hardware.

**IV. RECOMMENDATION**

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

*Martina Rubritius*

3/9/2023

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Licensing Consultant

Date