



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 16, 2023

Echols, Richard & Miller-Echols, Tahatia
25701 Ravine Rd.
Southfield, MI 48034

RE: License #: AS630285885
Echols Support Services #1
25971 W. Ten Mile Road
Southfield, MI 48034

Dear Echols, Richard & Miller-Echols, Tahatia:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste. 9-100
Detroit, MI 48202
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630285885

Licensee Name: Echols, Richard & Miller-Echols, Tahatia

Licensee Address: 25701 Ravine Rd.
Southfield, MI 48034

Licensee Telephone #: (248) 353-4729

Licensee/Licensee Designee: N/A

Administrator: Echols, Tahatia

Name of Facility: Echols Support Services #1

Facility Address: 25971 W. Ten Mile Road
Southfield, MI 48034

Facility Telephone #: (248) 353-4729

Original Issuance Date: 01/30/2007

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/10/2023

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: Management

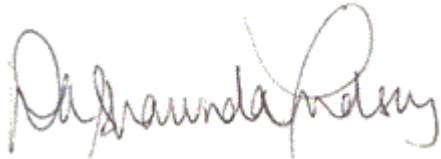
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
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 needed a follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Renewal 2021- as506(1), as301(4), as204(3)(b)(c), as205(6), asec734(2)(b), and as301(9) N/A
- Number of excluded employees followed-up? 0 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.

IV. RECOMMENDATION

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



07/16/2023

DaShawnda Lindsey
Licensing Consultant

Date