



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 8, 2024

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

RE: License #: AS820415312  
**Complete Best Care**  
**18072 Woodingham Drive**  
**Detroit, MI 48221**

Dear Ms. Andrews:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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 blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820415312
<b>Licensee Name:</b>	Complete Best Care LLC
<b>Licensee Address:</b>	18072 Woodingham Drive Detroit, MI 48221
<b>Licensee Telephone #:</b>	(313) 828-3020
<b>Licensee/Licensee Designee:</b>	Jasmine Andrews, Designee
<b>Administrator:</b>	Jasmine Andrews
<b>Name of Facility:</b>	Complete Best Care
<b>Facility Address:</b>	18072 Woodingham Drive Detroit, MI 48221
<b>Facility Telephone #:</b>	(313) 340-2146
<b>Original Issuance Date:</b>	08/09/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/06/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 01

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Morning medication passed prior to my arrival.
- 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

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.14208            Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(g) Beginning and ending dates of employment.**

Employee records did not include hire dates. Ms. Andrews provided me with verbal start dates for all employees.

**R 400.14318            Emergency preparedness; evacuation plan; emergency transportation.**

**(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.**

No fire drills completed since the issuance of a temporary license. First resident placed in the home on 1/17/24.

A corrective action plan was requested and approved on 02/06/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



02/08/24

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Kara Robinson  
Licensing Consultant

Date