



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 29, 2024

Zad White  
Caring Hands AFC  
PO Box 37618  
Oak Park, MI 48237

RE: License #: AS820403641  
**Caring Hands IV**  
**20461 Lauder**  
**Detroit, MI 48235**

Dear Mr White:

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 that reads 'LaKeitha Stevens'.

LaKeitha Stevens, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3055

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820403641
<b>Licensee Name:</b>	Caring Hands AFC
<b>Licensee Address:</b>	24270 Ithaca Oak Park, MI 48237
<b>Licensee Telephone #:</b>	(248) 670-9787
<b>Licensee/Licensee Designee:</b>	Zad White
<b>Administrator:</b>	
<b>Name of Facility:</b>	Caring Hands IV
<b>Facility Address:</b>	20461 Lauder Detroit, MI 48235
<b>Facility Telephone #:</b>	(248) 670-9787
<b>Original Issuance Date:</b>	03/01/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/24/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
A worksheet inspection was completed.
- 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.  
A full worksheet inspection was completed.
- 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.  
N/A
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
LSR Dated 09/09/2022, Rules 301(4), 301(6), 315(3) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

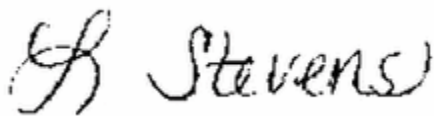
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.

A handwritten signature in black ink that reads "L Stevens". The "L" is stylized with a large loop.

07/29/2024

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LaKeitha Stevens  
Licensing Consultant

Date