



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 6, 2024

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 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 or home for the aged authorized representative 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,

A handwritten signature in dark ink, 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**

<b>License #:</b>	AS820398771
<b>Licensee Name:</b>	Daisy Caring Hands Assisted Living, LLC
<b>Licensee Address:</b>	16231 Inkster Road Taylor, MI 48180
<b>Licensee Telephone #:</b>	(313) 529-6985
<b>Licensee/Licensee Designee:</b>	Ruth Mcrae
<b>Administrator:</b>	Angelica Magee
<b>Name of Facility:</b>	Daisy Caring Hands Living, LLC
<b>Facility Address:</b>	16231 Inkster Rd. Taylor, MI 48180
<b>Facility Telephone #:</b>	(313) 529-6985
<b>Original Issuance Date:</b>	11/15/2019
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/01/2024

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 0

No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
A full 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.  
No residents were in the facility at the time of renewal.
- 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 400.14203      Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

At the time of inspection, licensee, Ruth Mcrae and administrator, Angelica Magee did not successfully complete, 16 hours of training or 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

**\*REPEAT VIOLATION\* LSR DATED 5/19/2022, CAP DATED 6/16/2022.**

**R 400.14205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of inspection, direct care staff Adrienne Hellen employee file did not contain a 2023 annual health review.

**R 400.14312      Resident medications.**

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original

pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

At the time of inspection, medications were observed in the refrigerator unsecured.

**R 400.14313      Resident nutrition.**

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

At the time of inspection, menus were not written at least 1 week in advance and posted.

Licensee Ruth Mcrae was unable to locate the current or past menus.

**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.

At the time of inspection, the emergency evacuation drills were not completed during daytime, evening, and sleeping hours at least once per quarter. Emergency evacuation drills were not completed during the following:

2023

2<sup>nd</sup> quarter during evening hours  
2<sup>nd</sup> quarter during sleep hours  
3<sup>rd</sup> quarter during sleep hours  
4<sup>th</sup> quarter during sleep hours

2024

1<sup>st</sup> quarter during sleep hours  
2<sup>nd</sup> quarter during evening hours  
2<sup>nd</sup> quarter during sleep hours  
3<sup>rd</sup> quarter during sleep hours

**R 400 .14403      Maintenance of premises.**

(12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris.

At the time of inspection:

- A shelving unit was installed in the hallway obstructing the fire escape route at the second means of egress.
- Lawn equipment and other machines were stored outside of the home at the rear exit which is apart of the second means of egress obstructing the fire escape route.

**R 400.14403          Maintenance of premises.**

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

At the time of inspection, the toilet in the East resident bathroom was not flushing properly and not in good working condition.

**IV. RECOMMENDATION**

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



11/6/2024

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Denasha Walker  
Licensing Consultant

Date