GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 13, 2025

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

RE: License #: AS380411620
Investigation #: 2025A0007007
Davis Better Care III

Dear Mr. Davis:

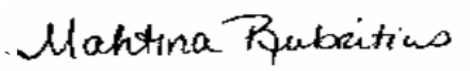
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,



Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

Enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT
THIS REPORT CONTAINS QUOTED PROFANITY

I. IDENTIFYING INFORMATION

License #:	AS380411620
Investigation #:	2025A0007007
Complaint Receipt Date:	12/20/2024
Investigation Initiation Date:	12/20/2024
Report Due Date:	02/18/2025
Licensee Name:	Davis Better Care LLC
Licensee Address:	722 Fifth St Jackson, MI 49203
Licensee Telephone #:	(517) 937-6721
Administrator:	Roderick Davis
Licensee Designee:	Roderick Davis
Name of Facility:	Davis Better Care III
Facility Address:	1705 Fourth St. Jackson, MI 49203
Facility Telephone #:	(517) 539-5915
Original Issuance Date:	06/13/2023
License Status:	REGULAR
Effective Date:	12/13/2023
Expiration Date:	12/12/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
The facility has a black mold and rodent problem, and there is improper use of the AFC home.	Yes
The residents are mistreated.	No
Additional Findings	Yes

III. METHODOLOGY

12/20/2024	Special Investigation Intake - 2025A0007007
12/20/2024	Special Investigation Initiated – Letter ORR Referral Made.
12/23/2024	Inspection Completed On-site - Unannounced - Face to face contact with Employee #1, Alex Delapas, DCW, Rashawn Parris, DCW, Resident A, Resident B, Resident C, and Resident D.
01/28/2025	Contact - Telephone call made to Nicole Ragland, DCW, Interview.
01/29/2025	Contact - Telephone call made to Roderick Davis, Licensee Designee.
02/13/2025	APS Referral made.
02/13/2025	Exit Conference conducted with Roderick Davis, Licensee Designee.

ALLEGATION: The facility has a black mold and rodent problem, and there is improper use of the AFC home.

INVESTIGATION:
On December 23, 2024, I conducted an unannounced on-site investigation and made face to face contact with Employee #1, Alex Delapas, DCW, Rashawn Parris, DCW, Resident A, Resident B, Resident C, and Resident D.

I interviewed Employee #1 who stated that right before Thanksgiving, she observed roaches in the home. She brought this to Roderick Davis's attention, and he argued with her and told her to monitor where she goes. Employee #1 stated that she also told Najee Davis, who has the role as home manager, about the roaches and he did not follow up about the issue. Employee #1 expressed concern about taking the roaches home and has paid $250 to have her own home exterminated. Employee #1 stated that there is black mold in the kitchen.

I interviewed direct care worker (DCW) Alex Delapas, who reported that they had not seen any roaches or mice but heard they had them in the facility. Alex Delapas also informed me that there was what appeared to be black mold in the broom closet and in the corner of the cupboards.

Rashawn Parris, DCW, stated that he heard about the facility having rodents and he had seen a roach in the facility. When asked if there were concerns about black mold in the facility, Rashawn Parris stated that Resident A kept saying there was black mold in the cabinet.

Resident A reported that he saw roaches and bedbugs in the home, but it was a long time ago. Resident A also recalled that Resident D had a plate of eggs, and a roach fell off his plate on to the floor. Resident A stated there was black mold in the kitchen, but it was drywalled and painted over. He stated that there was black mold in the broom closet.

Due to his diagnosis, Resident B was unable to provide any information to confirm or refute the allegations.

Resident C reported that there was black mold on the ceiling in the kitchen and in the broom closet. He reported that they had bedbugs in the past, but that was no longer an issue. He also recalled that Resident D was eating breakfast, and a cockroach jumped off his plate.

Resident D informed that he has seen mice and roaches in the home. He stated that he was picking up his plate and a cockroach jumped off the plate and ran. He has seen cockroaches in the home on more than one occasion. Regarding black mold in the home, Resident D stated that there was black mold in the broom cabinet in the kitchen.

While at the facility, I observed the ceiling above the cabinet, and it appeared that there was previously a leak and it had been repaired; however, the problem was not fixed as the ceiling had water damage and was stained with black and brown residue. I observed the floor of the broom closet to have blacks stain and residue. Photos were taken for the file. I did not observe any mouse droppings or cockroaches during the on-site investigation. I also noted that the base of the front door appeared to be rotting, and the second required means of egress (back door) was not opening or closing easily.

On February 13, 2025, I conducted the exit conference with Roderick Davis, Licensee Designee. We discussed the investigation, the findings, and my recommendations. He stated that they utilize a local pest control agency to treat for rodents and pests, and the facility is treated monthly. He stated that there have been sightings of a cockroach here and there but there is not an infestation. There was also a concern that a staff was bringing the bugs into the facility from their home. Mr.

Davis stated that dead cockroaches have not been observed in the home, but they have seen them, including mice, time to time. We also discussed the physical plant violations, and he agreed to submit a written corrective action plan to address the established violations.

APPLICABLE RULE	
R 400.14403	**Maintenance of premises.**
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based upon my investigation which consisted of an onsite investigation, observations of the facility, interviews with multiple facility staff members, Resident A, Resident C, and Resident D, it has been established that there is a preponderance of the evidence to support the allegations that at some point cockroaches and mice have been observed in the home. It's further established that the broom closet and ceiling above the cabinet in the kitchen were observed to have water stains and or black and brown residue. Based on this information, it's determined that the facility has not been maintained to adequately provide for the health, safety, and well-being of the residents.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: The residents are mistreated.

INVESTIGATION:
During the interview with Employee #1, she stated that she has not seen any staff members mistreat the residents, and that they're treated like family members.

Alex Delapas, DCW, has observed some staff to be "agitated or snappy," but nothing above that. No additional information was provided.

Rashawn Parris, DCW, stated that he has not seen residents being mistreated, called names or staff cursing at the residents.

When asked how he was treated by staff, Resident A stated that he was talking back to Nicole Ragland and yelled at her. According to Resident A, she then threatened that if he ever called her a "bitch" again, it would be the last breath he takes.

Due to his diagnosis, Resident B was unable to provide any information to confirm or refute the allegations.

Resident C reported that Nicole Ragland was “Still starting her shit.” When asked what he meant by that, he stated that every time he tried to talk to her, she doesn’t want to talk to him and when she does speak, it’s in a “rough tone.”

Resident D reported that some staff treat him “bad.” He stated that staff have cursed him out. When asked for the names of the staff, or specific incidents, he could not recall.

On January 28, 2025, I interviewed Nicole Ragland. Stated that she has never threatened Resident A. She stated that Resident A and Resident C have been harassing her for the past several months. According to Nicole Raglan, the residents were saying they would do whatever they could to get her fired. Nicole Ragland restated that she has never done anything to harm the residents, and informed that they’re targeting her.

On February 13, 2025, I conducted the exit conference with Roderick Davis, Licensee Designee. We discussed the investigation and my recommendations. I strongly encouraged Mr. Davis to review the expectations with the staff regarding their conduct, and to be mindful of their conversations being overheard, or in the presence of the residents, their attitudes, and to remain respectful at all times. He stated that he has a lot of new staff and that he reviews his expectations monthly. Mr. Davis stated that he has individuals that will let him know if anything is occurring and residents being mistreated would not be tolerated. In addition, he stated that he has given verbal warnings to staff and informed that he should not receive any information about how they talk to the residents or there would be consequences. He concurred with the conclusion of the investigation.

APPLICABLE RULE	
R 400.14305	**Resident protection.**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Based upon my investigation which consisted of an onsite investigation, interviews with multiple facility staff members, Resident A, Resident C, and Resident D, it is concluded that while it appears that there may be some disagreement in the home, there is not a 51% preponderance of the evidence, at this time, to support the allegations that the residents have been mistreated, and not treated with dignity and respect, in accordance with the provisions of the act.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

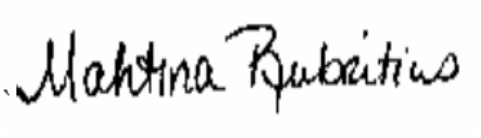
On December 23, 2024, during the onsite investigation, it was noted that the base of the front door appeared to be rotting and deteriorating. The second required means of egress (back door) was not opening or closing easily and required repair or replacement.

During the exit conference, Mr. Davis stated that the back door had already been fixed and that he would check on the front door.

APPLICABLE RULE	
R 400.14403	**Maintenance of premises.**
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.
ANALYSIS:	Based on the observations during my on-site investigation, it was determined that the doors, which formed a part of the required means of egress, were not being kept in sound condition and in good repair.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable written corrective action plan. It's recommended that the status of the license remains unchanged.



02/13/2025

_____

Mahtina Rubritius Date
Licensing Consultant

Approved By:

02/13/2025

_____

Dawn N. Timm Date
Area Manager