



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 18, 2025

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

RE: License #: AS820292181
Caring Hands AFC
18400 Coddling
Detroit, MI 48219

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 Adult Foster Care small group home license and special certification are renewed. The regular license and special certification 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) 456-0439.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, MSW, 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

License #: AS820292181

Licensee Name: Caring Hands AFC

Licensee Address: 24270 Ithaca
Oak Park, MI 48237

Licensee Telephone #: (248) 670-9787

Licensee/Licensee Designee: Zad White

Administrator: Zad White

Name of Facility: Caring Hands AFC

Facility Address: 18400 Coddling
Detroit, MI 48219

Facility Telephone #: (313) 362-2256

Original Issuance Date: 10/04/2007

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/01/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 00

No. of residents interviewed and/or observed 02

No. of others interviewed 01 Role: Coordinator, Ms. Dick

- 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.
- 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:
04/23: 301(10), 301(8), 315(3), 403(1), 403(6), 511 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.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



04/18/25

K. Robinson
Licensing Consultant

Date