

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 15, 2025

Cheryl Davis B.C. Davis, Inc. 30040 Grandview Inkster, MI 48141

RE: License #: AS820283668

B.C. Davis, Inc. / Grandview Home

30040 Grandview Inkster, MI 48141

Dear Cheryl Davis:

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:

You are to submit a Statement of Correction.

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,

Regina Buchanan, Licensing Consultant

Regina Buchanon

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AS820283668

Licensee Name: B.C. Davis, Inc.

Licensee Address: 30040 Grandview

Inkster, MI 48141

Licensee Telephone #: (313) 220-4577

Licensee/Licensee Designee: Cheryl Davis

Administrator: Cheryl Davis

Name of Facility: B.C. Davis, Inc. / Grandview Home

Facility Address: 30040 Grandview

Inkster, MI 48141

Facility Telephone #: (313) 220-4577

Original Issuance Date: 06/30/2006

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	of On-site Inspection(s):	05/12/2	025
Date	of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	of Health Authority Inspection if applicable:		N/A
No. c	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed O Role: N/A		1 4
• 1	Medication pass / simulated pass observed?	Yes 🛚	No ☐ If no, explain.
• 1	Medication(s) and medication record(s) revie	wed? Y	res ⊠ No □ If no, explain.
• N	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. Residents had already eaten Fire drills reviewed? Yes \boxtimes No \square If no, explain.		
• F	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.
I	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No [• /	
1 •	Incident report follow-up? Yes No If in None Corrective action plan compliance verified? No	Yes 🔀	
• \	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 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

Fire drills were not conducted during each timeframe as required. During the year 2024 eight daytime drills were done, two sleeping, and two evening.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The hot water temperature was 145 degrees Fahrenheit.

REPEAT VIOLATION (RENEWAL INSPECTION 05/09/2023 AND 05/11/2021)

IV. RECOMMENDATION

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

Regina Buchanan Date
Licensing Consultant