



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 28, 2025

Echols, Richard & Miller-Echols, Tahatia
25701 Ravine Rd.
Southfield, MI 48034

RE: License #: AS630285885
Echols Support Services #1
25971 W. Ten Mile Road
Southfield, MI 48034

Dear Mr. Echols and Ms. Miller-Echols,

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 (248) 972-9136.

Sincerely,

A handwritten signature in blue ink that reads "Sara E. Shaughnessy". The signature is fluid and cursive, with the first name "Sara" being more prominent and the last name "Shaughnessy" following in a similar style.

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
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(248) 320-3721

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

I. IDENTIFYING INFORMATION

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|------------------------------------|---|
| License #: | AS630285885 |
| Licensee Name: | Echols, Richard & Miller-Echols, Tahatia |
| Licensee Address: | 25701 Ravine Rd. Southfield, MI 48034 |
| Licensee Telephone #: | (248) 353-4729 |
| Licensee/Licensee Designee: | N/A |
| Administrator: | Tahatia Miller-Echols |
| Name of Facility: | Echols Support Services #1 |
| Facility Address: | 25971 W. Ten Mile Road Southfield, MI 48034 |
| Facility Telephone #: | (248) 353-4729 |
| Original Issuance Date: | 01/30/2007 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/22/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed 2 Role: Management

- 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.
The onsite inspection did not take place during a mealtime, but an adequate amount of food was observed.
- 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:

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| 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. |
| | (4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter. |
| The tuberculosis test for licensee, Tahatia Miller Echols, expired in 2024. There was no evidence she had completed one in 2024. | |
| R 400.14208 | Direct care staff and employee records. |
| | (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f) Verification of reference checks. |
| Direct care staff members, Olive Baker and Ernestine Searles, did not have documentation of completed reference checks in their employee records. | |
| R 400.14403 | Maintenance of premises. |
| | (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair. |
| The walls in the basement of the home had been damaged by water and there is mold on the bottoms of the walls in the workout area used by residents. | |
| R 330.1803 | Facility environment; fire safety |
| | (1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including |

| | |
|---|---|
| | basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility |
| The facility has a special certification and did not have any records of annual inspections of the fire system by a licensed electrician. | |

IV. RECOMMENDATION

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



07/28/2025

Sara Shaughnessy
Licensing Consultant

Date