



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 15, 2025

Cassandra Leatherwood  
17194 Parkside  
Detroit, MI 48221

RE: License #: AS630418944  
**Leatherwood Care**  
**19011 Birchridge**  
**Southfield, MI 48075**

Dear Ms. Leatherwood:

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 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 cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(248) 302-2409

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630418944
<b>Licensee Name:</b>	Cassandra Leatherwood
<b>Licensee Address:</b>	17194 Parkside Detroit, MI 48221
<b>Licensee Telephone #:</b>	(313) 409-4343
<b>Administrator:</b>	Cassandra Leatherwood
<b>Name of Facility:</b>	Leatherwood Care
<b>Facility Address:</b>	19011 Birchridge Southfield, MI 48075
<b>Facility Telephone #:</b>	(248) 905-3018
<b>Original Issuance Date:</b>	03/26/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/15/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee designee

- 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.  
There were no incidents to follow up on.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? 1 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:	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (d) Personal care, supervision, and protection.

At the time of the onsite inspection, direct care staff Santana Young did not have proof of Personal care, supervision, and protection training onsite and available for review.

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of the onsite inspection, direct care staff Santana Young and Javon Bracey did not have a physical obtained within 30 days of hire.

<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

At the time of the onsite inspection, direct care staff Javon Bracey's employee file did not contain a copy of his driver's license.

<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

Resident A's assessment plan indicates that she uses the following assistive devices, however, there was no prescription on file for the devices:

- Wheelchair
- Walker

Resident B's assessment plan indicates that she uses the following assistive devices, however, there was no prescription on file for the devices:

- Wheelchair
- Handrail on toilet
- Raised toilet seat
- Hospital bed with assist bar
- Cane

<b>R 400.14312</b>	<b>Resident medications.</b>
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (ii) The dosage.

Resident B is prescribed *Oxybutynin 10 mg* (take 1 tablet by mouth daily.) Resident B's September 2025 Medication Administration Record indicates *Oxybutynin 5 mg* (take 1 tablet by mouth daily), 5 mg is the incorrect dosage.

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(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.

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At the time of the onsite inspection, I observed that fire drills were completed on 07/09/25 and 06/21/25, neither drill indicated how long it took to evacuate the home.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(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.

At the time of the onsite inspection, I observed that the water in the hallway bathroom was 135 degrees Fahrenheit and the water in the Birchridge bedroom was 124 degrees Fahrenheit, both are out of the safe range.

#### IV. RECOMMENDATION

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



09/15/2025

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Johnna Cade  
Licensing Consultant

Date