

October 13, 2025

Thurman Taylor  
PO Box 888247  
Grand Rapids, MI 49588

RE: License #: AF410317511  
**Taylor's Home Care**  
**1505 Morewood Dr. SE**  
**Grand Rapids, MI 49508**

Dear Mr. Taylor:

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 documentation of compliance of TB tests, new door handle and mattress protectors.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It 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 (517) 335-5985.

Sincerely,



Amanda Blasius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF410317511
<b>Licensee Name:</b>	Thurman Taylor
<b>Licensee Address:</b>	PO Box 888247 Grand Rapids, MI 49588
<b>Licensee Telephone #:</b>	(616) 247-1412
<b>Licensee/Licensee Designee:</b>	Thurman Taylor
<b>Administrator:</b>	Thurman Taylor
<b>Name of Facility:</b>	Taylor's Home Care
<b>Facility Address:</b>	1505 Morewood Dr. SE Grand Rapids, MI 49508
<b>Facility Telephone #:</b>	(616) 247-1412
<b>Original Issuance Date:</b>	07/27/2012
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/13/2025

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 1

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- 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.  
No residents were present during the inspection.
- 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:  
3/11/25: af407 (2), 3/18/25; af412 (2e) af407 (13) 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:

**R 400.1405            Health of a licensee, responsible person, and member of the household.**

**(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.**

At the time of inspection, licensee, Thruman Taylor, responsible person Marget Taylor and one direct care worker did not have current tuberculosis testing on file.

**R 400.1430            Bathrooms.**

**(2) Bathroom doors may be equipped with positive latching, non-locking against-egress hardware. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.**

At the time of inspection, the half bathroom on the main floor had hardware that was locking against-egress.

**R 400.1433            Bedroom furnishings.**

**(3) A licensee shall provide a resident with a bed that is not less than 36 inches wide and 72 inches long, with comfortable springs in good condition, a clean protected mattress which is not less than 5 inches thick or 4 inches thick if of synthetic construction, and with a pillow.**

At the time of inspection, three of the resident beds inspected did not have a protective covering.

A corrective action plan was requested and approved on 10/13/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended. I recommend issuance of a regular license to this AFC adult family home (capacity 1-4).



10/13/2025

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Amanda Blasius  
Licensing Consultant

Date