



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 20, 2025

Cyrie Tyler
Tyler's Place LLC
21712 Martin Rd
Saint Clair Shores, MI 48081

RE: License #: AS500418882
Tyler's Place
21712 Martin Rd.
Saint Clair Shores, MI 48081

Dear Mr. Tyler:

Attached is the Licensing Study Report for the above referenced facility. The study has 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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing, and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License #: AS500418882

Licensee Name: Tyler's Place LLC

Licensee Address: 21712 Martin Rd
Saint Clair Shores, MI 48081

Licensee Telephone #: (313) 770-7038

Licensee/Licensee Designee: Cyrie Tyler

Administrator: Stacey Hughes

Name of Facility: Tyler's Place

Facility Address: 21712 Martin Rd.
Saint Clair Shores, MI 48081

Facility Telephone #: (313) 770-7038

Original Issuance Date: 05/29/2025

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/12/2025

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 1

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
I observed medications.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
There are no adequate medication administration records.
- 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.
I observed adequate food supply
- Fire drills reviewed? Yes No If no, explain.
There were no fire drills conducted.
- 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 are no reportable incidents.
- 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:

R 400.615 Resident register.

A licensee shall maintain a chronological register of all residents admitted that includes the following information for each resident:

- (a) Resident full name.**
- (b) Resident date of birth.**
- (c) Date of admission.**
- (d) Date of discharge and location, if known, where the resident moved.**

During the onsite, I did not observe a resident register.

R 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

There was no fire drills conducted since the issuance of the temporary license on 05/29/2025.

R 400.645 Environmental health.

(3) A licensee shall provide hot and cold running water under pressure. 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 fixture.

The kitchen hot water registered at 138 degrees Fahrenheit.

R 400.663 Nutrition; adoption by reference.

(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.

I observed that there were no menus posted in the home.

R 400.691

Resident records.

- (1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:**
- (d) Health care information including all of the following:**
 - (i) Health care appraisals.**
 - (ii) Medication administration record.**
 - (v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures.**
 - (e) Resident care agreement.**
 - (f) Assessment plan.**
 - (i) Resident funds and valuables record and resident refund agreement.**

I observed Resident A's resident record. There was not a complete health care appraisal, resident care agreement, assessment plan, medication administration record, resident fund and valuables record.

R 400.725

Means of egress.

- (5) Facilities that accommodate residents who regularly require wheelchairs must be equipped with ramps located at 2 approved means of egress from the first floor. Ramps constructed before the effective date of these rules must not exceed 1 foot of rise in 12 feet of run. Ramps constructed on or after the effective date of these rules must comply with R 400.647(10). A ramp is not required when an egress door is level with the walkway.**

Resident A requires a wheelchair. I observed that there was one temporary wheelchair ramp and there was not a second means of egress that is wheelchair accessible.

R 400.665

Food service.

- (5) Refrigerators and freezers must be equipped with thermometers.**

I observed that there was no thermometer in the refrigerator or freezer.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

L. Reed

11/12/2025

LaShonda Reed
Licensing Consultant

Date

Approved by:

Denise Y. Nunn

11/20/25

Denise Y. Nunn
Area Manager

Date