



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 23, 2026

Jimavis Arnold
Stay Home With Us
18633 Mackay St.
Detroit, MI 48234

RE: License #: AS820419427
Stay Home With Us
18633 Mackay St.
Detroit, MI 48234

Dear Jimavis Arnold:

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 (313) 456-0439.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

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

I. IDENTIFYING INFORMATION

License #: AS820419427

Licensee Name: Stay Home With Us

Licensee Address: 18633 Mackay St.
Detroit, MI 48234

Licensee Telephone #: (586) 260-6256

Licensee/Licensee Designee: Jimavis Arnold

Administrator: Jimavis Arnold

Name of Facility: Stay Home With Us

Facility Address: 18633 Mackay St.
Detroit, MI 48234

Facility Telephone #: (586) 260-6256

Original Issuance Date: 08/14/2025

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/12/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Administrator

- 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.
- 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:

R 400.639

Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(a) Name, address, telephone number, and Social Security number.

(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.

(c) Copy of a driver's license if staff provide transportation services.

(d) Verification of age.

(e) Verification of experience, highest level of education completed, and training.

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks that were attempted must be maintained.

(g) Beginning and ending dates of employment on separation.

(h) Health information as required by these rules.

(i) Verification of the receipt by the staff of personnel policies and job descriptions.

At the time of inspection, Staff Lashawn Arnold and Staff- Kiarch Butts employee files reviewed did not contain verification of highest level of education completed, and training.

R 400.657

Bedrooms.

(4) Interior doorways of a resident bedroom must be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, I observed first floor resident bedroom door not to be equipped with positive-latching hardware.

IV. RECOMMENDATION

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



02/23/2026

Shatonla Daniel
Licensing Consultant

Date