



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 10, 2026

Sunil Bhattad
Drake Wood Manor Inc
1040 S. State Road
Davison, MI 48423

RE: License #: AL630280923
Caremore Assisted Living
4353 W. Walton Blvd.
Waterford, MI 48329

Dear Sunil Bhattad:

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.
- You are to submit a Statement of Correction.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha". The signature is written in black ink on a white background.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd., Ste 9-100
Cadillac Place
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AL630280923
Licensee Name:	Drake Wood Manor Inc
Licensee Address:	1040 S. State Road Davison, MI 48423
Licensee Telephone #:	(248) 797-8519
Administrator/Licensee Designee:	Sunil Bhattad
Name of Facility:	Caremore Assisted Living
Facility Address:	4353 W. Walton Blvd. Waterford, MI 48329
Facility Telephone #:	(248) 674-2658
Original Issuance Date:	08/21/2006
Capacity:	18
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/10/2026

Date of Bureau of Fire Services Inspection if applicable: 04/25/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: LD

- 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? 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 400.631	Health screenings.
	(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

During the on-site inspection on 03/10/2026, direct care staff (DCS) Angela Horton did not have a signed statement by a licensed physician attesting to her physical health within 30 days of her hire date of 01/08/2021. Her physical statement was completed on 01/25/2022. DCS Velia McAllister did not have a signed statement by a licensed physician attesting to her physical health within 30 days of her hire date of 01/16/2023 as her physical statement was completed on 07/28/2022.

R 400.647	Safety and maintenance of premises.
	(4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair.

During the on-site inspection on 03/10/2026, the two skylights in the living room are leaking resulting in wall damage.

R 400.647	Safety and maintenance of premises.
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

During the on-site inspection on 03/10/2026, bathroom #1 ceiling is bubbling and peeling above the shower, the vinyl flooring in the living room near the dining room and in front of bathroom #2 are separating, and the walls in the furnace room are not in good repair due to water damage.

R 400.647	Safety and maintenance of premises.
	(6) Plumbing fixtures and water and waste pipes must be properly installed and maintained in good working condition.

During the on-site inspection on 03/10/2026, the faucets in bathroom #1 and bathroom #2 are corroded.

A corrective action plan was requested and approved on 03/10/2026. 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.



03/10/2026

Frodet Dawisha
Licensing Consultant

Date