GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 13, 2025

Jasmine Andrews
Complete Best Care LLC
18072 Woodingham Drive
Detroit, MI 48221

RE: License #: AS820415312
Investigation #: 2026A0101006
Complete Best Care

Dear Ms. Andrews:

Attached is the Special Investigation Report for the above-referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone

immediately, please contact the local office at (313) 456-0439.

Sincerely,

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

THIS REPORT CONTAINS PROFANITY

I. IDENTIFYING INFORMATION

License #:	AS820415312
Investigation #:	2026A0101006
Complaint Receipt Date:	10/28/2025
Investigation Initiation Date:	10/29/2025
Report Due Date:	12/27/2025
Licensee Name:	Complete Best Care LLC
LicenseeAddress:	18072 Woodingham Drive Detroit, MI 48221
Licensee Telephone #:	(313) 828-3020
Administrator:	Jasmine Andrews
Licensee Designee:	Jasmine Andrews
Name of Facility:	Complete Best Care
Facility Address:	18072 Woodingham Drive Detroit, MI 48221
Facility Telephone #:	(313) 340-2146
Original Issuance Date:	08/09/2023
License Status:	REGULAR
Effective Date:	02/09/2024
Expiration Date:	02/08/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

	MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff Sherri Brown verbally abused Resident A by using profanity while directing her to go into the house.	Yes

III. METHODOLOGY

10/28/2025	Special Investigation Intake 2026A0101006
10 /28/2025	Referral received from APS
10/29/2025	Special Investigation Initiated - Telephone Public Guardian Florence Johnson
10/31/2025	Inspection Completed On-site Interviewed Resident A, B and C, direct care staff, John Gibson and Taylor Braxton
10/31/2025	Exit Conference Licensee Designee Jasmine Andrews

ALLEGATION: **Direct care staff Sherri Brown verbally abused Resident A by using profanity while directing her to go into the house.**

INVESTIGATION: On 10/29/2025, I spoke to Resident A's guardian Florence Johnson. Ms. Johnson stated Resident A has a history of filing complaints. Ms. Johnson stated that she does not believe anyone is mistreating Resident A. Ms. Johnson stated Resident A is mad because she does not have any money. Ms. Johnson stated when Resident A does not have money she is going to act out. Ms. Johnson stated that Resident A's social security debit card has been locked because she kept requesting a new card. Ms. Johnson stated the staff are very good to her. Ms. Johnson stated that Resident A is residing in the home, and she has not paid the licensee for months. Ms. Johnson further stated the staff are giving Resident A money out of their pockets. Ms. Johnson stated that Resident A is a difficult client, and she is verbally and physically abusive toward others.

On 10/31/2025, I interviewed Resident A. Resident A stated that Ms. Brown swore at her when she told her to go into the house. Resident A started asking me if she was in prison and proceeded to leave the facility. Staff immediately went after her. I observed that it took a lot of redirecting to get Resident A to return to the facility.

On 10/31/2025, I interviewed Residents A and B. They both stated that staff swear but it is not like they are cursing the residents out.

On 10/31/2025, I interviewed direct care staff John Gibson and Taylor Braxton. They stated that staff do not swear at the residents.

On 11/06/2025, I spoke with direct care staff Sherri Brown. Ms. Brown stated that she told Resident A to “get your “ass in the house.” Ms. Brown stated that she should not have done that. Ms. Brown stated that she received disciplinary action for this infraction. Ms. Brown stated that she was removed from the schedule for three weeks.

On 11/06/2025, I conducted an exit conference with the licensee designee Jasmine Andrews. Ms. Andrews agreed with my findings. Ms. Andrews stated Ms. Brown was reprimanded, she received three weeks off for this infraction.

APPLICABLE RULE	
R 400 641	**Resident behavior interventions.**
	(6) A licensee, staff, volunteers, or any person who lives in the facility shall not do any of the following: (a) Use any form of punishment. (b) Use any form of restraint without an order from an appropriately licensed heath care professional or physical force, other than physical restraint for crisis intervention. (c) Restrain a resident's movement for the purpose of immobilizing the resident. (d) Confine a resident in an area where egress is prevented. (e) Withhold food, water, clothing, rest, or toilet use. (f) Subject a resident to any of the following: (i) Mental or emotional cruelty. (ii) Verbal abuse. (iii) Derogatory remarks. (iv) Threats. (g) Refuse entrance to the facility. (h) Isolation.
ANALYSIS:	Direct care staff Sherri Brown admitted that she verbally abused Resident A when she told her to “get your ass in the house.”
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon submission of an acceptable corrective plan, I recommend that the status of the license remains unchanged.

11/12/2025

Edith Richardson
Licensing Consultant

Date

Approved By:

11/13/2025

Ardra Hunter
Area Manager

Date