

RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

October 25, 2017

Cheryl Loveday Angels' Place Inc Suite 2 29299 Franklin Road Southfield, MI 48034

> RE: License #: AS630015384 Maxwell Home 2809 Saddlewood W Bloomfield Twp, MI 48324

Dear Ms. Loveday:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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 (248) 975-5053.

Sincerely,

DaShawnda Lindsey, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342 (248) 505-8036

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS ADDENDUM TO ORIGINAL LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS630015384
Licensee Name:	Angels' Place Inc
Licensee Address:	Suite 2 29299 Franklin Road Southfield, MI 48034
Licensee Telephone #:	(248) 350-2203
Administrator/Licensee Designee:	Cheryl Loveday
Name of Facility:	Maxwell Home
Facility Address:	2809 Saddlewood W Bloomfield Twp, MI 48324
Facility Telephone #:	(248) 360-1497
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. Purpose of Addendum

The purpose of this addendum is to change the facility name from Saddlewood Home to Maxwell Home.

III. Methodology

10/16/2017	Contact- Document Received Received a letter from licensee designee Cheryl Loveday

IV. Description of Findings and Conclusions

On 10/16/2017, licensee designee Cheryl Loveday submitted a written request to change the facility name from Saddlewood Home to Maxwell Home.

V. Recommendation

I recommend that the facility name is changed to Maxwell Home.

DaShawnda Lindsey Licensing Consultant <u>10/25/2017</u> Date

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