



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 12, 2018

Ruth Poberesky
Absolute Care, LLC
5847 Naneva Court
West Bloomfield, MI 48322

RE: License #: AS630390276
Absolute 3
2145 St Joseph
West Bloomfield, MI 48324

Dear Ms. Poberesky:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

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

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

I. IDENTIFYING INFORMATION

License #: AS630390276

Licensee Name: Absolute Care, LLC

Licensee Address: 5847 Naneva Court
West Bloomfield, MI 48322

Licensee Telephone #: (248) 252-6310

Licensee/Licensee Designee: Ruth Poberesky

Administrator: Ella Maryakhin

Name of Facility: Absolute 3

Facility Address: 2145 St Joseph
West Bloomfield, MI 48324

Facility Telephone #: (248) 252-6310

Original Issuance Date: 11/17/2017

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/27/2018

Date of Bureau of Fire Services Inspection if applicable: 09/27/2018

Date of Health Authority Inspection if applicable: 09/27/2018

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: Licensee designee/Admin.

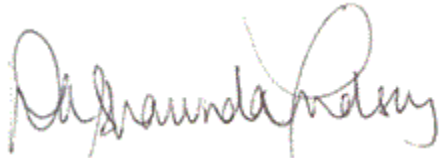
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
The inspection did not occur during a meal time.
- 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.
There were no incident reports that required a follow up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Renewal 05/2018- asec712(3) 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



DaShawnda Lindsey
Licensing Consultant

10/12/2018

Date