



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 14, 2019

Jenel Stoinski  
Lifehouse Prestige Commons Operations LLC  
Suite 115  
21800 Haggerty Road  
Northville, MI 48167

RE: License #: AL500302889  
Prestige Commons I  
33503 23 Mile Road  
Chesterfield Twp., MI 48047

Dear Ms. Stoinski:

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 that reads "Roeiah Epps".

Roeiah Epps, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-1776



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

**I. IDENTIFYING INFORMATION**

**License #:** AL500302889

**Licensee Name:** Lifehouse Prestige Commons Operations LLC

**Licensee Address:** Suite 115  
21800 Haggerty Road  
Northville, MI 48167

**Licensee Telephone #:** (248) 735-1020

**Licensee Designee:** Jenel Stoinski

**Administrator:** Trina Anderson

**Name of Facility:** Prestige Commons I

**Facility Address:** 33503 23 Mile Road  
Chesterfield Twp., MI 48047

**Facility Telephone #:** (586) 725-9300

**Original Issuance Date:** 05/26/2011

**Capacity:** 18

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/14/2019

Date of Bureau of Fire Services Inspection if applicable: 09/03/2019

Date of Health Authority Inspection if applicable: 11/14/2019

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 4

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain. Not required.
- 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 determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

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



11/14/19

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Roeiah Epps  
Licensing Consultant

Date