



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 7, 2021

Noble, Christine and Michael
4013 Gratiot Avenue
Fort Gratiot, MI 48059

RE: License #: AF740294617
Noble Assisted Living
4013 Gratiot Avenue
Fort Gratiot, MI 48059

Dear Mr. and Mrs. Noble:

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,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF740294617
Licensee Name:	Noble, Christine and Michael
Licensee Address:	4013 Gratiot Avenue Fort Gratiot, MI 48059
Licensee Telephone #:	(810) 385-3026
Administrator/Licensee Designee:	N/A
Name of Facility:	Noble Assisted Living
Facility Address:	4013 Gratiot Avenue Fort Gratiot, MI 48059
Facility Telephone #:	(810) 385-3026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS

II. Purpose of Addendum

The purpose of the addendum is to remove licensee Michael Noble's name from the Noble Assisted Living license.

III. Methodology

05/04/2021	Contact- Document Received Received written request from Mr. and Mrs. Noble by fax.
05/04/2021	Contact- Telephone call received Received message from Ms. Noble re: change
05/04/2021	Contact- Document Sent Email to Ms. Noble re: responsible person and household member
05/05/2021	Contact- Telephone call received Received text message from Ms. Noble. Sent return text.

IV. Description of Findings and Conclusions

On 05/04/2021, I received a license modification request from Christine and Michael Noble. Mr. and Mrs. Noble have requested for Mr. Noble's name to be removed as a licensee due to retirement. The request was signed by Mr. and Mrs. Noble.

On 05/05/2021, I received a message from Ms. Noble. She confirmed that Mr. Noble would remain a household member and responsible person.

V. Recommendation

I recommend that the status of the home's license remain the same and Michael Noble's name be removed as a licensee for Noble Assisted Living.

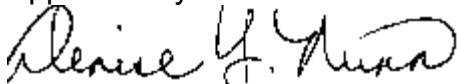


05/07/2021

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



05/07/2021

Denise Y. Nunn
Area Manager

Date