



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 1, 2021

Gena Payne  
Passion and Caring Home for the Elderly  
570 E. Grand Blvd.  
Detroit, MI 48207

RE: License #: AH820260951  
**Passion and Caring Home for the Elderly**  
**570 E. Grand Blvd.**  
**Detroit, MI 48207**

Dear Ms. Payne:

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, effective 8/11/21 - 8/12/22. It is valid only at your present address and is nontransferable.

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 feel free to contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Brender Howard".

Brender Howard, Licensing Staff  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(313) 268-1788

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH820260951
<b>Licensee Name:</b>	Passion and Caring Home for the Elderly, LLC
<b>Licensee Address:</b>	570 E. Grand Blvd Detroit, MI 48207
<b>Licensee Telephone #:</b>	(313) 923-0170
<b>Authorized Representative/Administrator:</b>	Gena Payne
<b>Name of Facility:</b>	Passion and Caring Home for the Elderly
<b>Facility Address:</b>	570 E. Grand Blvd. Detroit, MI 48207
<b>Facility Telephone #:</b>	(313) 923-0170
<b>Original Issuance Date:</b>	11/18/2003
<b>Capacity:</b>	46
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/31/2021

Date of Bureau of Fire Services Inspection if applicable: 1/22/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 08/31/2021

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 19  
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(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.  
Interviewed staff on the policies and procedures.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: No CAPS for this home.
- Number of excluded employees followed up? N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

**IV. RECOMMENDATION**

Renewal of the license is recommended.

*Brenden D. Howard*

9/1/21

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Licensing Consultant Date