

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 19, 2021

Judith Alemnjuh Five Star Residential, Inc. 22190 Sussex Street Oak Park, MI 48237

RE: License #: AS630407499

Golfview Home 23010 Golfview Dr Southfield, MI 48033

Dear Ms. Alemnjuh:

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,

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems Cadillac Place, Ste 9-100 Detroit, MI 48202

Detroit, MI 48202 (248) 296-2783

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

I. IDENTIFYING INFORMATION

AS630407499
Five Star Residential, Inc.
22190 Sussex Street
Oak Park, MI 48237
(248) 421-2735
Judith Alemnjuh
Golfview Home
20040 0 154 7
23010 Golfview Dr
Southfield, MI 48033
(248) 809-6353
04/29/2021
6
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 10/19/2021
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date	e of Health Authority Inspection if applicable: N/A
Insp	ection Type:
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Lic. Desig.
•	Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. Inspection did not occur during meal time Fire drills reviewed? Yes \boxtimes No \square If no, explain.
•	Fire safety equipment and practices observed? Yes \boxtimes No \square 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.

IV. RECOMMENDATION

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

10/19/2021

Kristen Donnay Licensing Consultant

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Date