



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 24, 2021

Kimberlee Waddell  
Resilient Life Care, LLC  
17187 N. Laurel Park Dr., Suite 160  
Livonia, MI 48152

RE: License #: AS810407902  
**Resilient - Textile**  
**7736 Textile Rd.**  
**Ypsilanti, MI 48197**

Dear Ms. Waddell:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant  
Bureau of Community and Health Systems  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-4037

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS810407902
<b>Licensee Name:</b>	Resilient Life Care, LLC
<b>Licensee Address:</b>	Ste 160 17187 N. Laurel Park Dr. Livonia, MI 48152
<b>Licensee Telephone #:</b>	(734) 482-1200
<b>Licensee/Licensee Designee:</b>	Kimberlee Waddell
<b>Administrator:</b>	Michael Nanzer
<b>Name of Facility:</b>	Resilient - Textile
<b>Facility Address:</b>	7736 Textile Rd. Ypsilanti, MI 48197
<b>Facility Telephone #:</b>	(734) 646-1603
<b>Original Issuance Date:</b>	07/01/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/09/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Due to COVID-19.
- 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.  
No meals prepared/served during renewal inspection.
- 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.  
No follow-up needed.
- 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**

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.



---

Vanita C. Bouldin  
Licensing Consultant

Date: 11/24/2021