



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 9, 2021

Eliyahu Gabay  
True Care Living  
565 General Ave.  
Springfield, MI 49037

RE: License #: AH130405658  
True Care Living  
565 General Ave.  
Springfield, MI 49037

Dear Mr. Gabay:

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 until 9/24/2022. 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
Cell (616) 204-4300

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH130405658
<b>Licensee Name:</b>	True Care Living Limited Liability Corporation
<b>Licensee Address:</b>	16135 Stratford Drive Southfield, MI 48075
<b>Licensee Telephone #:</b>	(818) 288-0903
<b>Authorized Representative/Administrator:</b>	Eliyahu Gabay
<b>Name of Facility:</b>	True Care Living
<b>Facility Address:</b>	565 General Ave. Springfield, MI 49037
<b>Facility Telephone #:</b>	(269) 968-3365
<b>Original Issuance Date:</b>	03/25/2021
<b>Capacity:</b>	55
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/27/2021

Date of Bureau of Fire Services Inspection if applicable: BFS - A 3/17/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 10/27/2021

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 21

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.  
Reviewed disaster plans along with interviewed staff on 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: SI 2021A1028037 - 9/16/2021; SI 2021A1028038 - 10/13/2021
- Number of excluded employees followed up? 0 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.

*Julie Miranda*

11/9/2021

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Date

Licensing Consultant