



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 10, 2021

Nola DeVougas
43398 Rivergate Drive
Clinton Twp, MI 48038

RE: License #: AF500398811
Guardian Angel Adult Family Home
40274 Vincenzia Drive
Clinton Township, MI 48038

Dear Ms. DeVougas:

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 "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF500398811
Licensee Name:	Nola DeVougas
Licensee Address:	40274 Vincenzia Drive Clinton Township, MI 48038
Licensee Telephone #:	(586) 453-4921
Administrator/Licensee Designee:	N/A
Name of Facility:	Guardian Angel Adult Family Home
Facility Address:	40274 Vincenzia Drive Clinton Township, MI 48038
Facility Telephone #:	(586) 453-4921
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. Purpose of Addendum

Change in capacity of facility— increase from 5 beds to 6 beds.

III. Methodology

On 12/03/2021, I received an email from Nola DeVougas requesting to increase the capacity six residents.

On 12/06/2021, I sent Mrs. DeVougas a request for modification of the terms of the registration/license form to be completed.

On 12/10/2021, I conducted an onsite inspection. I observed that bedroom number two has two beds and adequate space.

IV. Description of Findings and Conclusions

<u>Bedroom location</u>	<u>Measurements</u>	<u>Square Feet</u>	<u>Approved Capacity</u>
-------------------------	---------------------	--------------------	--------------------------

Bedroom #2	13 x 10.2	132.17	2
------------	-----------	--------	---

Based on the above designations and calculations, the facility has the square footage required to house one additional ambulatory or non-ambulatory residents as outlined above.

V. Recommendation

I recommend approval of Mrs. DeVougas' s request to modify the capacity of the facility from the 5 approved beds to 6 beds.

L. Reed

12/10/2021

LaShonda Reed
Licensing Consultant

Date