



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 16, 2022

Julia Wellings
Evangelical Homes of Michigan
101 Brecon Drive
Saline, MI 48176

RE: License #: AM810298263
Memory Support Center @ Brecon Village #2
101 Brecon Drive
Saline, MI 48176

Dear Ms. Wellings:

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. If 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 "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant
Bureau of Community and Health Systems
(734) 417-4277

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

I. IDENTIFYING INFORMATION

License #: AM810298263

Licensee Name: Evangelical Homes of Michigan

Licensee Address: 18000 Coyle
Detroit, MI 48235

Licensee Telephone #: (734) 295-9811

Licensee/Licensee Designee: Julia Wellings, Designee

Administrator:

Name of Facility: Memory Support Center @ Brecon Village #2

Facility Address: 101 Brecon Drive
Saline, MI 48176

Facility Telephone #: (734) 295-9811

Original Issuance Date: 10/12/2009

Capacity: 12

Program Type: ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/16/2022

Date of Bureau of Fire Services Inspection if applicable: 10/13/2021

Date of Health Authority Inspection if applicable: 03/16/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 10
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
- 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.
- 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.



Jeffrey J. Bozsik
Licensing Consultant

Date: 3/16/2022